NHS
Institute for Innovation and Improvement

Releasing Time to Care

The Productive Ward

Toolkit

Version 2

Acknowledgements

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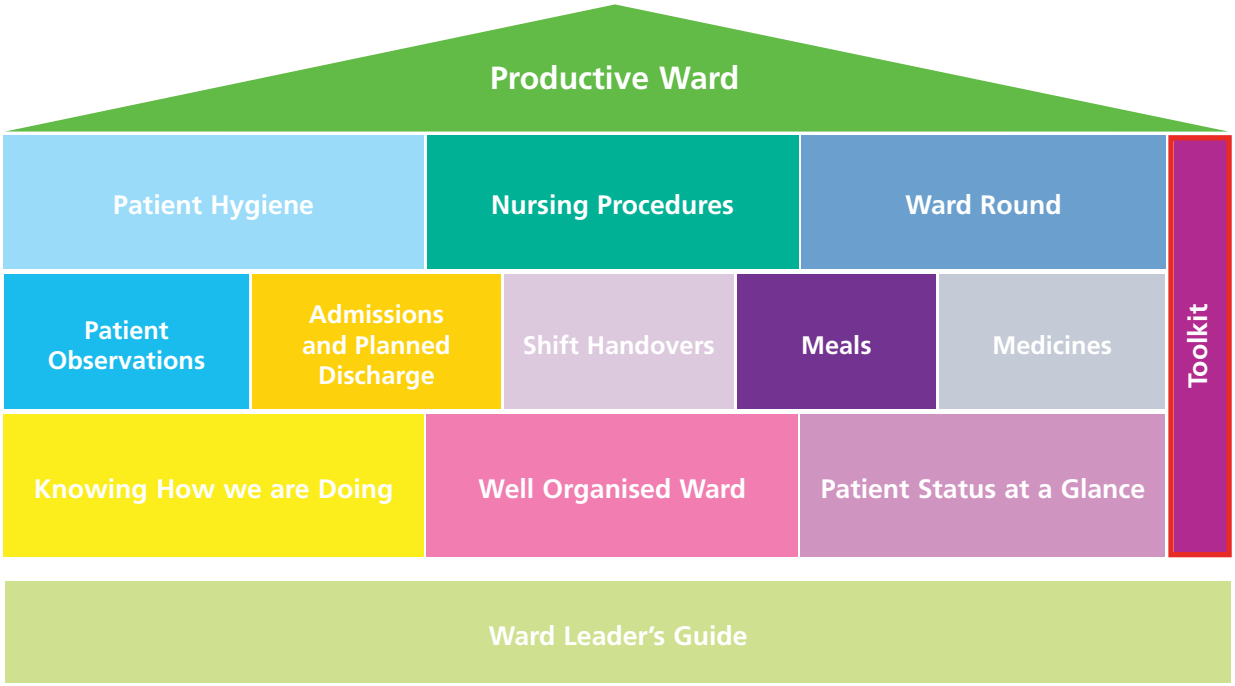
What is a Toolkit?

- a reference manual for all the tools mentioned in the Productive Ward modules
  - each tool is clearly and simply explained
  - use the index, see page 3

The tools are not designed to be used in a stand alone fashion. They should be used as you implement the other modules in the Productive Ward series.

The Productive Ward modular structure is detailed below:



The Productive Ward Toolkit:

Introduction

Tools are the easy and fun bit but these alone will rarely get you results. They will help you get results only as part of a radical change in thinking on your ward. The real challenge will be leading your team towards your defined vision of a safer, more timely and more dignified experience for your patients.

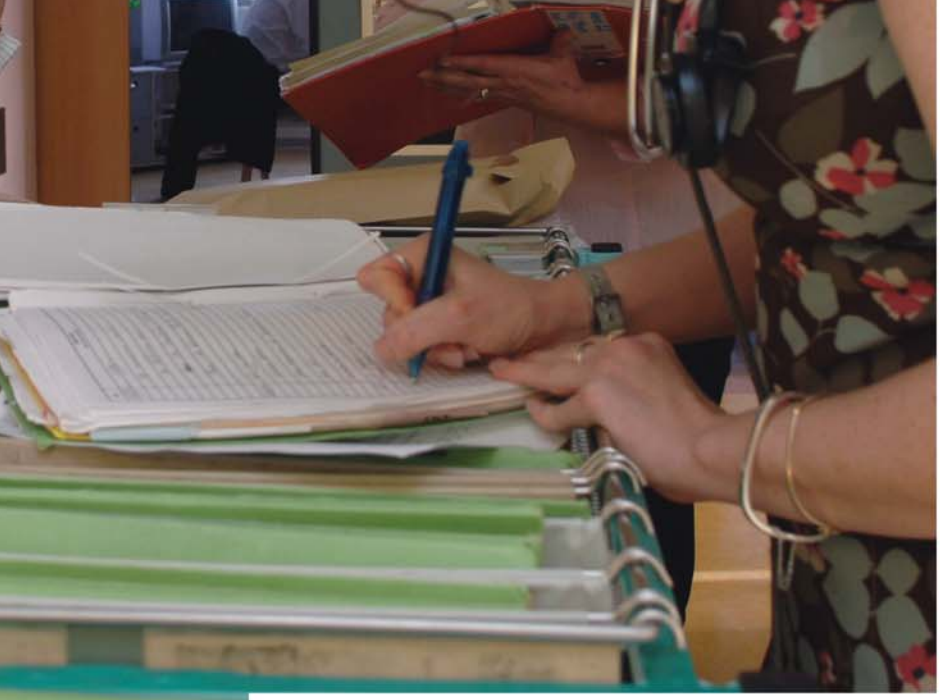
It is very tempting to jump straight for the Toolkit when starting the Productive Ward. You need to remember that tools are just a means to an end. In the same way as having a set of wrenches and spanners does not necessarily mean you can fix a car, just possessing the Productive Ward toolkit is not enough for successful implementation.

Start to use these tools only after you are confident you have prepared to the level the Ward Leader's Guide module recommends.

It will help you implement the Productive Ward on your ward and overcome specific problems.

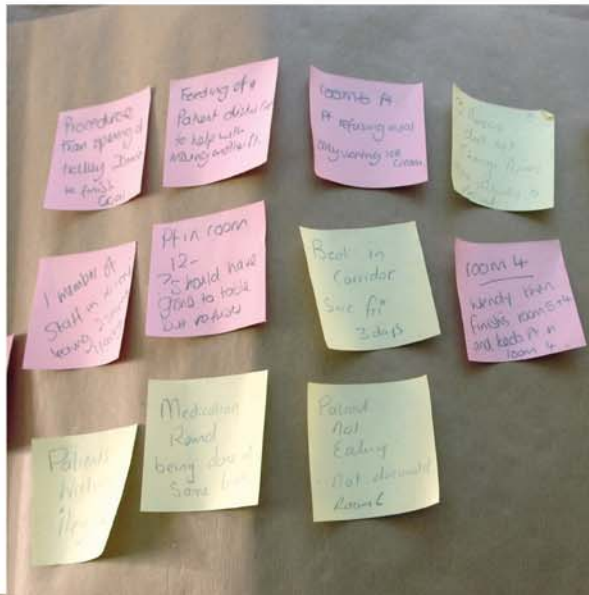
Have this toolkit to hand when implementing the Productive Ward modules.

Toolkit Index




19
20
25
26
27
28
29
30
31

Room 12
Room 16
Ward Clerk
NURSE STATION
Computer Room
Female Toilets
Store Room
Store Room
Kitchen
DVT Service
TREATMENT ROOM
Room 10
Room 9
MALE Toilets
LIFT 7
LIFT 8
LIFT 9
LIFT 10
LIFT 11
Staff Room



1. Your Vision

What is a 'Ward Vision'?

A compelling statement that tells everyone what your ambition for your ward is.

Why spend time creating one?

- it sets the bar for what you would like to achieve
- it provides a context to set your improvement activities against i.e. 'we're doing x because it will help us achieve y taking us closer to z'
- an exciting ward vision can galvanise your team towards reaching it
- it helps those outside the ward to understand your aspirations and provide support or even join in!

Where to begin?

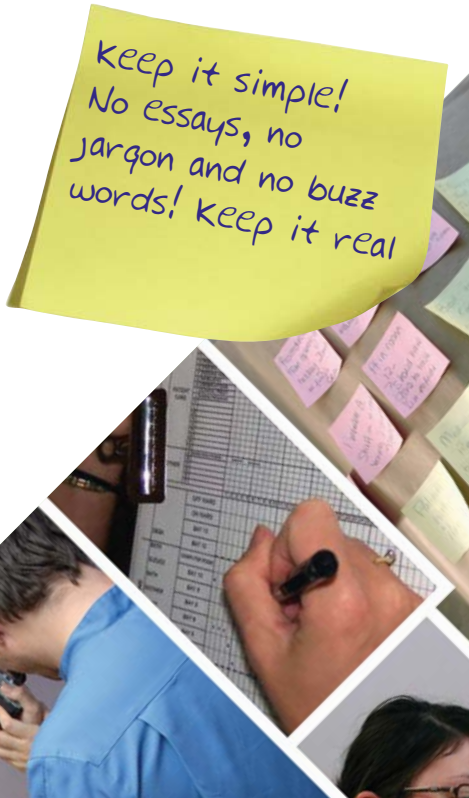
- talk to your team, convince them of the benefits in creating a vision
- encourage them to give some thought to what they want for the ward

How to create your own

- developing your own ward vision is very much a creative process. The steps detailed below are intended to provide a loose structure to help you move forward.
- arrange 5-10 mins to spend with the ward team (try to find a quiet place where you are unlikely to be disturbed)
- try to visualise the perfect ward:
  - what would it look like?
  - how would it feel to work in?
  - what would patients say about it?
  - how would clinicians and managers describe your ward?
- ask yourselves these questions and jot down all your thoughts on post-it notes. Attach these to a poster or wall – they may inspire other ideas from your team members
- try to describe your perfect ward in terms of Quality, Safety, Efficiency and Cost
- decide what are the most important elements to you as a team from what you have created so far
- draw some of these together to form a sentence or statement that best sums up these ideas – keep it descriptive and try to use dynamic terms

What to do once you've created your own vision

- display it in a prominent place in your ward e.g. on your measures board, at the entrance to your ward, at your nursing station etc
- use it to help you choose what to improve first when you're unsure of your priorities
- work hard to make it happen!

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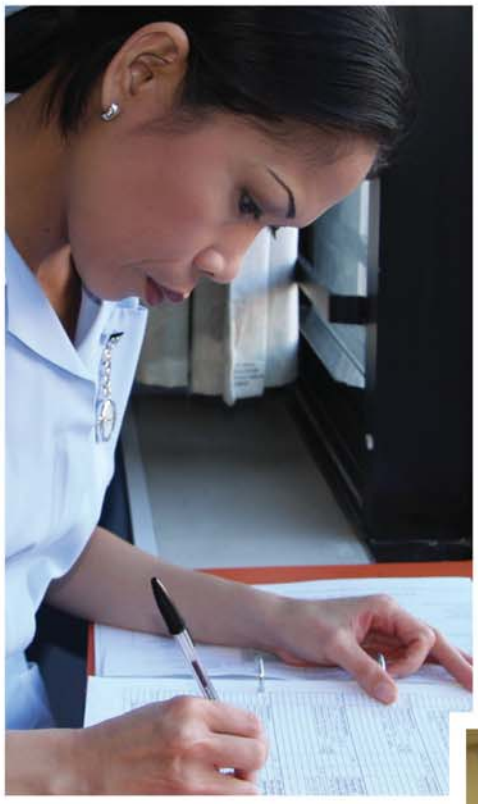
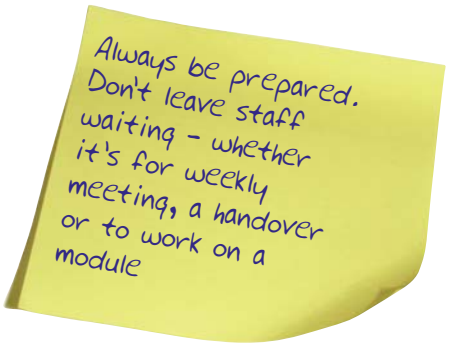




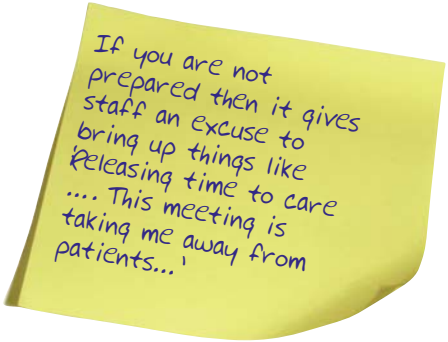
2. Meetings

Having a meeting can be a useful tool to generate discussion and ideas

What is it?	• a structured gathering to discuss and set actions on specified subjects	**Why do it?**	• discussing issues and coming to solutions is often better with several people • coming together in a 'huddle' at regular intervals keeps everyone feeling 'part of the team', and ensures ideas are not missed • people involved in finding the solution believe in it more!
When to use?	• weekly to review ward level measures • when issues are simmering, but need to be identified • when specific issues need to be resolved • to communicate decisions	**Material required**	• flip chart • marker • other materials depend on the type of meeting – e.g. , a measures display board for the weekly review

Top 12 tips!

1. Understand the objective for the meeting clearly – decide accordingly who needs to be present.
2. Make sure all present know the objective.
3. Have a set agenda.
4. For every item on the agenda – ask the question: Is this best discussed with everyone present?
5. Decide who will take notes.
6. Always start the meeting with an explanation of the objectives and agenda.
7. Pause, and ask for questions/clarifications.
8. Capture next steps (actions) as they arise through the meeting, on a flip chart.
9. For every next step, mark the responsible person and deadline.
10. Start the next meeting by reviewing next steps from the last one.
11. Ensure all participants prepare for the meeting.
12. More practical guidance and advice on making meetings productive, and guidance on how to make things like email less of a burden, can be found exploring the NHS Institute for Innovation and Improvement's Productive Leader programme. Visit www.institute.nhs.uk/productiveleader.



The four Ps of productive meetings are underpinned by golden rules for each stage of the meetings process.

You have a responsibility to yourself and others to run productive meetings, maximising your own and their time.

The 4 Ps of Productive Meetings		
PLAN	**Top Tips** Think about the following: • do you need a meeting? • what do you want to achieve? • who needs to be there? • is this a formal or informal meeting? • where should you hold the meeting?	**Agenda** An effective agenda is vital: • don't leave important items until the end • assign people to items • assign timings to items • schedule breaks if meeting is over an hour
PREPARE	**Top Tips** You need to have given thought to: • why you are attending the meeting? • what your contribution will be • do you need to do pre-reading? • have you done actions from previous meetings?	**Venue** Choosing the right venue for your meeting is really important. Make sure everybody can: • see • hear It is also important that you limit distractions
PARTICIPATE	**Top Tips for Participants:** • know why you are there • be there on time • stay on subject • don't cause problems for the Chair • be open to the ideas of others • help the Chair control the meeting • share your thoughts and ideas	**The Role of the Chair:** • agree note/actions taker who uses the actions/decision sheet • start and finish on time even if people are late • be clear about the purpose of the meeting • keep the meeting to time • keep track of agreed actions • review actions with agreed timescales • confirm date and time of next meeting
PURSUE	• ensure that any lessons learned are communicated to all the team • make sure that the actions and decisions sheet is circulated to everybody within 48 hours • read the actions and decisions sheet and allocate time to follow-through on your actions • prepare for next meeting	

If your staff don't like the word 'agenda' then approach the meeting by stating 'this is what we are going to cover today'

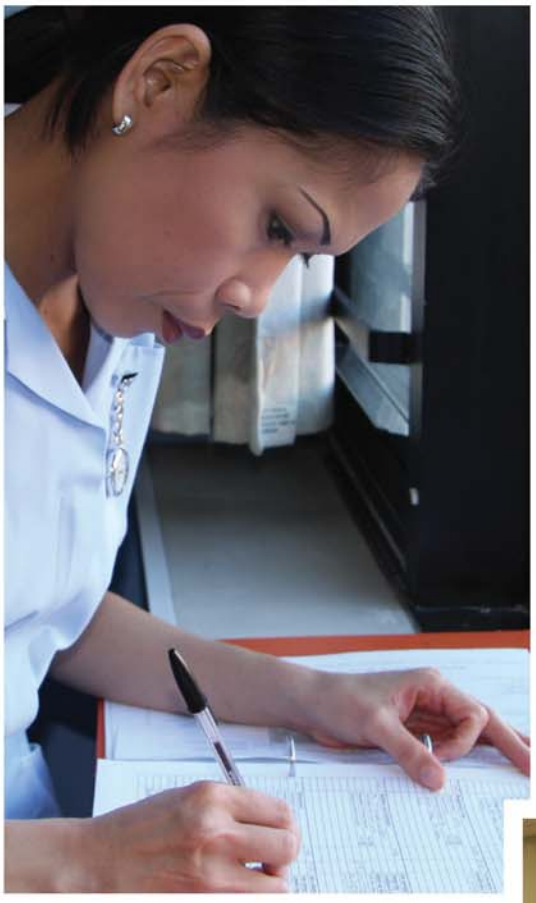
A good agenda should look like this

Items	Who	Time
1. Objectives for today.	AB	5 mins
2. Next steps from last week – where are we now.	AB	10 mins
3. Content topic 1.	EF	15 mins
4. Content topic 2.	GH	15 mins
5. Next steps and responsibilities.	AB	10 mins
6. Any other business.	All	5 mins

What is the role of the meeting chairperson?

This	Not this
• agree an agenda – and ensure all topics are covered • set the context for discussion – and hear other's opinions • encourage brainstorming to reach a collective decision • reflect on their experience, to bring in all points of view • ensure no meeting ends until next steps, with responsibilities and deadlines are defined	• discuss what seems interesting at that point • state own opinions as context • decide oneself and then convince others • treat what they've seen as the 'right' way to do things • end meetings with a few words of summary

When you are chairing a meeting you need to make sure everyone has had an opportunity to contribute. Ask people directly



3. Activity Follow

What is it?	1 hour detailed recording of a staff member. Capturing task (such as meal round), activity (such as looking for something) and location (such as bay four). These three areas of information are captured each and every minute during the 1 hr activity follow.	**Why do it?**	To understand how much time staff spend on direct care time and other ward activities.
When to use?	During the Ward Baseline stage of your Start-up work-plan, as featured in the Ward Start-Up kit module. As prescribed in the Knowing How We Are Doing module.	**Material required**	• Activity Follow sheet • pencil with eraser on the end • A3 Clipboard • fob watch with second hand or stopwatch • pedometer

Activity Follow: sounds like time and motion?

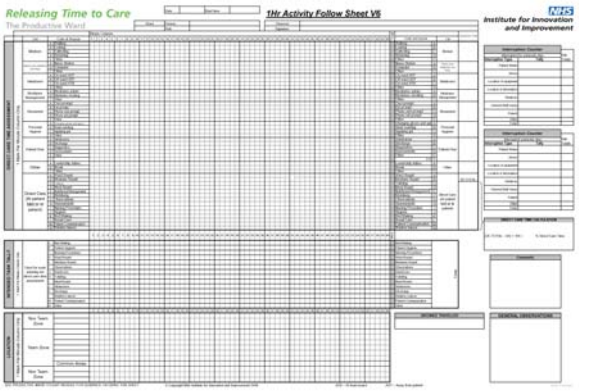
Your staff will draw the comparisons between time and motion and the activity follow.

After all, just like time and motion, the Activity Follow, studies the activities staff are doing in time intervals. This is where the similarity ends. The key difference is that time and motion tends to be done to staff, by outsiders.

The Activity Follow, is done by ward staff, following their ward colleagues. The Activity Follow, is all about staff learning about how they work themselves, not about an outsider telling them.

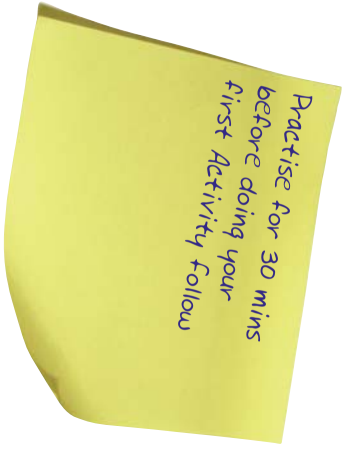
Activity Follow and Direct Care Time

Carrying out an Activity Follow will allow you to find out how much time your staff are spending on direct care.



e.g. Our nurses spend 38% of their time on direct patient care...

The Activity Follow Sheet



Releasing Time to Care

The Productive Ward

Date | Start time

1Hr Activity Follow Sheet V6

Ward | Person: Role

Observer: Signature

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DIRECT CARE TIME ASSESSMENT — 1 Mark Per Minute Column Only

Minute Columns 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 16 19 20 21 22 23 24 25 26 27 28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43 44 45 46 47 48 49 50 51 52 53 54 55 56 57 58 59 60 | Total

Cat	Code & Reason	Code and reason	Cat	Subsection Total
Motion	A Walking	Walking A	Motion	
	B Looking	Looking B		
	C Collecting	Collecting C		
	D Returning	Returning D		
	E Other	Other E		
Admin (non medicine, non flow)	A Nurse Station	Nurse Station A	Admin (non medicine, non flow)	
	B Computer	Computer B		
	C Other	Other C		
Handovers	A On ward AFP	On ward AFP A	Handovers	
	B Off ward AFP	Off ward AFP B		
	C On ward ATB	On ward ATB C		
	D Other	Other D		
Medicines Management	A Medicines admin	Medicines admin A	Medicines Management	
	B Medicines stocking	Medicines stocking B		
	C Other	Other C		
Discussion	A Own prompt	Own prompt A	Discussion	
	B Ext prompt	Ext prompt B		
	C Phone own prompt	Phone own prompt C		
	D Phone ext prompt	Phone ext prompt D		
	E Other	Other E		
Personal Hygiene	A Changing gloves and apron	Changing gloves and apr A	Personal Hygiene	
	B Hand washing	Hand washing B		
	C Applying gel	Applying gel C		
	D Other	Other D		
Patient Flow	A Admissions	Admissions A	Patient Flow	
	B Discharge	Discharge B		
	C Diagnostics	Diagnostics C		
	D Assessments	Assessments D		
	E Other	Other E		
	F	0 0 F		
Other	A Leadership duties	Leadership duties A	Other	
	B Break	Break B		
	C Other	Other C		
Direct Care (At patient bed or nr patient)	A Ward Round	Ward Round A	Direct Care (At patient bed or nr patient)	DC TOTAL
	B Medicine Round	Medicine Round B		
	C Toileting	Toileting C		
	D Meal Round	Meal Round D		
	E Nutritional Management	Nutritional Management E		
	F Mobilising	Mobilising F		
	G Observations	Observations G		
	H Assessments	Assessments H		
	I Nursing Procedure	Nursing Procedure I		
	J Hygiene	Hygiene J		
	K Bed Making	Bed Making K		
	L Social Care	Social Care L		
	M Patient Communication	Patient Communication M		
	N Relative liaison	Relative liaison N		

INTENDED TASK TALLY — 1 Mark Per Minute Column Only

Used for work planning not direct care time assessment

		Totals
A	Bed Making	Bed Making
B	Patient Hygiene	Patient Hygiene
C	Nursing Procedures	Nursing Procedures
D	Ward Round	Ward Round
E	Medicine Round	Medicine Round
F	Observations	Observations
G	Handovers	Handovers
H	Toileting	Toileting
I	Meal Round	Meal Round
J	Admissions	Admissions
K	Discharge	Discharge
L	Relative Liaison	Relative Liaison
M	Patient Communication	Patient Communication
N	Other	Other

LOCATION — 1 Mark Per Minute Column Only

Non Team Zone | Team Zone | Common Areas | Non Team Zone

Interruption Counter

Interruption Type	Interrupted by someone else: Tally	Sub Totals
Patient Status		
Advice		
Location of equipment		
Location of information		
Relatives		
General Staff Query		
Patient		
Other		
Total		

Interruption Counter

Interruption Type	Interrupted someone else: Tally	Sub Totals
Patient Status		
Advice		
Location of equipment		
Location of information		
Relatives		
General Staff Query		
Patient		
Other		
Total		

DIRECT CARE TIME CALCULATION

(DC TOTAL ÷ 60) × 100 = % Direct Care Time

Comments:

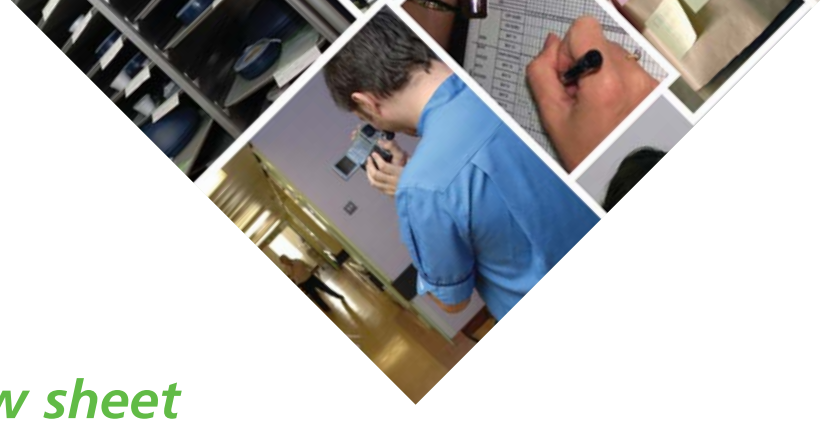
DISTANCE TRAVELLED

GENERAL OBSERVATIONS

SEE PRODUCTIVE WARD TOOLKIT MODULE FOR GUIDANCE ON USING THIS SHEET

ATB = At team board AFP = Away from patient

Nick Downham



Using the Activity Follow sheet

The Activity Follow sheet captures a one hour snap shot of ward staff member activity.

Seven steps to a detailed snap shot of ward staff time:

Preparation:

1. If you are carrying out the Activity Follow, as the observer, you should be a ward staff member, not an outsider.

2. Choose a staff member that is representative of your ward and ask their permission to conduct an Activity Follow.

3. You should wear a fob watch with a second hand or digital second count display. Try to avoid using a stop watch.

4. Clip a pedometer onto the staff member you are observing. The pedometer should not be clipped onto a pocket. It ideally should be clipped onto a trouser waist band or belt. Wherever the pedometer is mounted, ensure it is working by testing it with a quick walk around the ward.

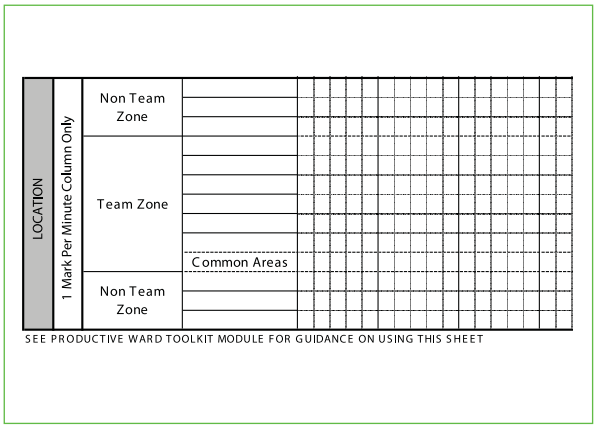
5. Fill in the date, start time, ward name, person, role, observer name and signature sections of the Activity Follow sheet.

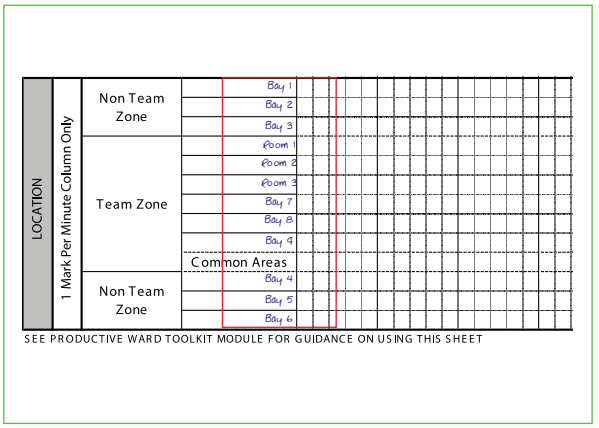
6. Fill in the appropriate locations in the bottom section of chart. First write down the areas the observed person should be working in.

7. Concentrate on the bays and patient rooms first. Areas such as nurse station, sluice, store room and toilets are recorded under the Common Areas heading and don't have to be written down.

The areas a staff member usually work in are commonly defined by their designated team. e.g. blue team looks after rooms 4 to 8.

If you are in a Nightingale ward, or similar, consider allocating areas by bed number. e.g. the staff member is responsible for beds 4 to 11.





Draw up a rota of people if you are conducting a number of hours of Activity follow. It can be tiring!

Conducting the Activity Follow:

The Activity Follow sheet is split into three distinct sections.

RED

The observations in the three RED sections are collected once a minute. One column per minute, working across the page.

For the observation, for all three RED sections, it is vital that the observation is right on the minute. Record what the person being observed is doing exactly on the minute, not what the person observed was doing just before or just after. For each red section you select the most accurate description of what the observed staff member is doing / where they are. Only one choice per red section.

Each column, running down the page, should have a dot marked in each of the three RED areas, once a minute.

In the bottom RED section, join each dot together with a line.

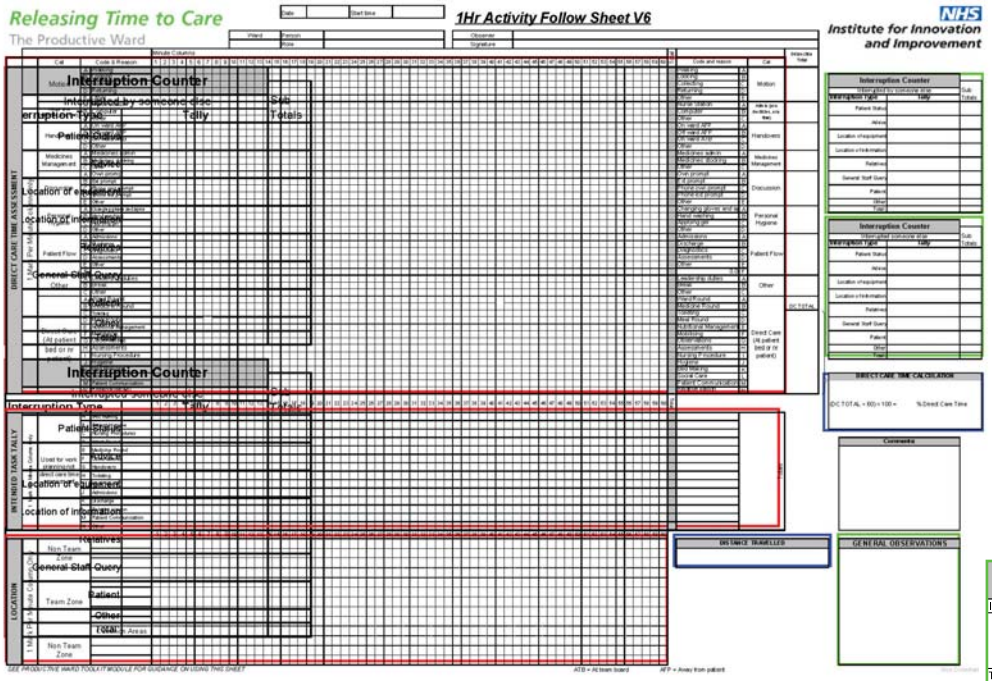
GREEN

The observations in the GREEN sections are carried out as and when they happen. Not just on the minute intervals, unlike the RED sections.

In the Interruption Counter GREEN section you should record every incident, during the 1hr, when the person being observed is interrupted by someone else, or when the person observed interrupts someone else. Record each interruption using a 'gate' tally. See diagram below.

BLUE

The BLUE sections of the Activity Follow are filled in at the end of the 1hr observation. These are the calculations to work out how much direct care time your staff have.



The Activity Follow in Action - 3 min snapshot

Minute 1:

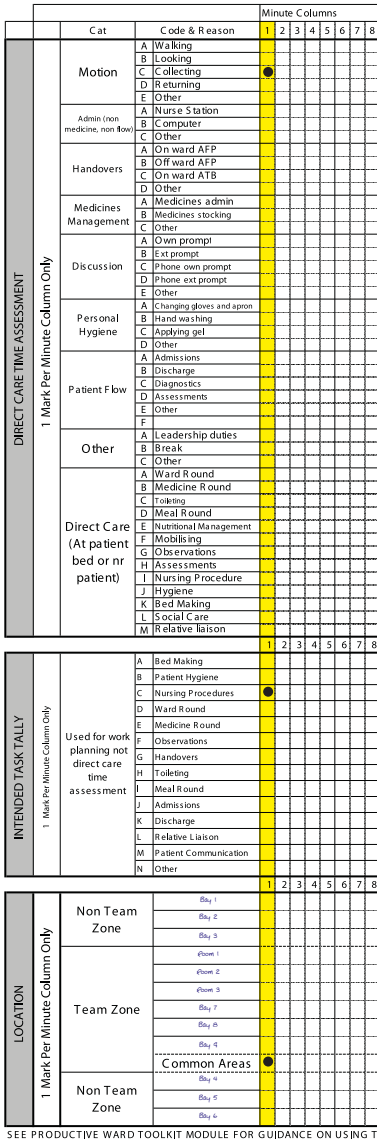
On the turn of minute 1 the staff member was collecting the patient hygiene trolley, from the corridor, in order to carry out a Nursing Procedure.

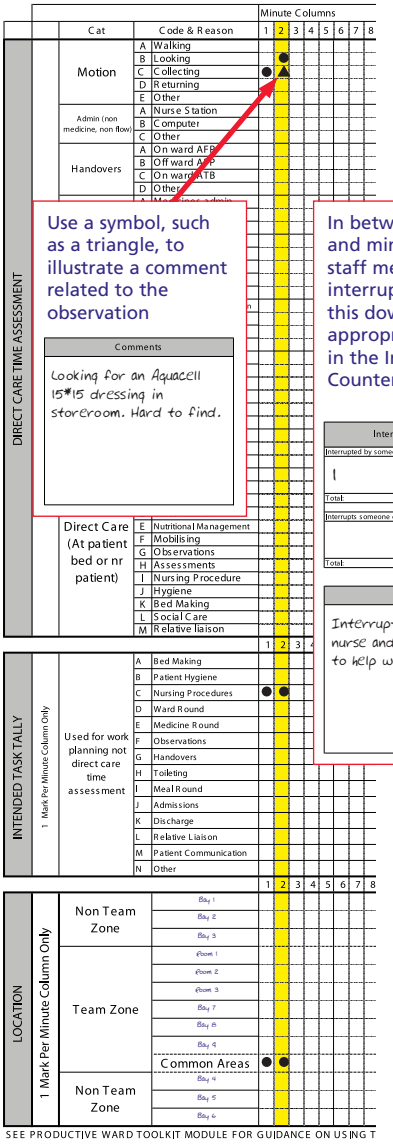
Minute 2:

On the turn of minute 2 the staff member was in the store cupboard looking for a dressing that was missing from the patient hygiene trolley.

Minute 3:

On the turn of minute 3 the staff member was helping a patient with their meal time requirements.





Use a symbol, such as a triangle, to illustrate a comment related to the observation

Comments

Looking for an Aquacell 15*15 dressing in storeroom. Hard to find.

In between minute 2 and minute 3 the staff member was interrupted. Mark this down in the appropriate category in the Interruption Counter section.

Interruption Counter

Interrupted by someone else

1

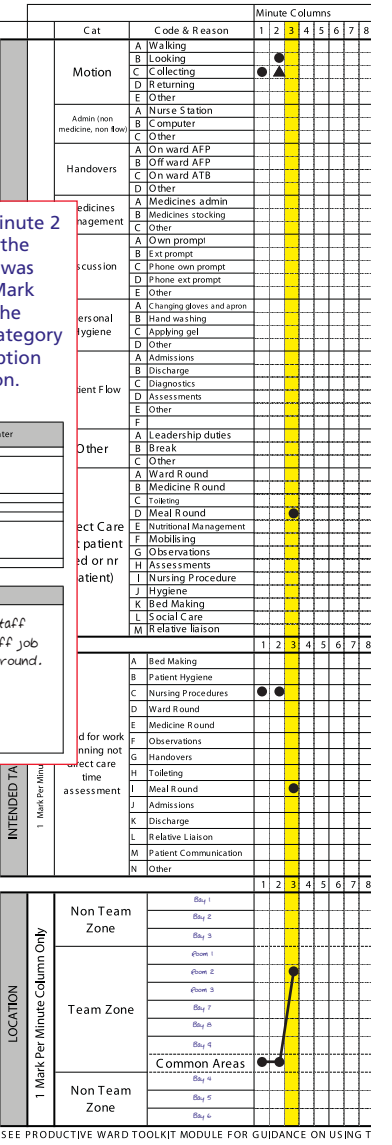
Total:

Interrupts someone else

Total:

Comments

Interrupted by staff nurse and taken off job to help with meal round.



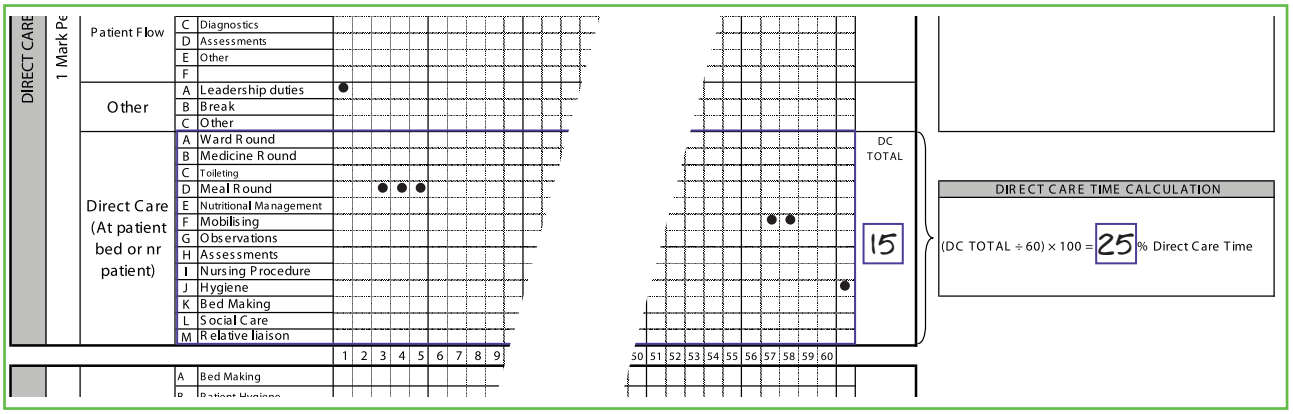
How much Direct Care time (DC)?

Once the 1 hr observation sheet has been filled in, you can work out how much direct care time the observed staff member had.

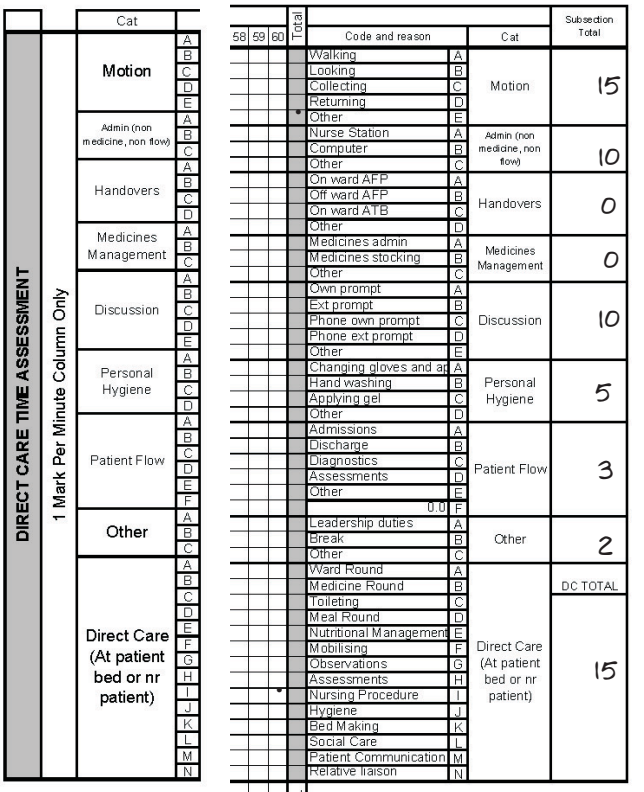
To do this:

- count the number of dots in Direct Care time area (illustrated by the BLUE rectangle below). Write the total in the DC TOTAL column. In this case the count was 15
- divide the DC TOTAL figure by 60. Then multiply the answer by 100 to give the % Direct Care time the observed staff member had for the hour he or she was observed. For example:

15 ÷ 60 = 0.25
0.25 x 100 = 25
Direct Care Time = 25%



What else is the Activity Follow telling me?

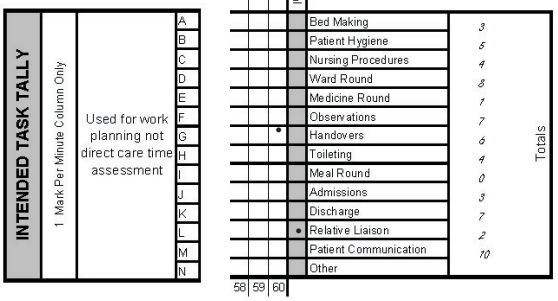


High Motion total. Is everything located conveniently for staff to do their jobs? Are they looking for things or information and going back and forward all the time? Consider the *Patient Status at a Glance* and the *Well Organised Ward* modules.

High Admin total. Are many forms duplicated? Are they easy to find? Is the correct admin launched at patient admission? Consider *Admissions and Planned Discharge* and *Well Organised Ward* modules.

High Discussion total. Do staff have the information and equipment they need to do their jobs? Consider *Patient Status at a Glance*, *Well Organised Ward* and *Shift Handovers* modules.

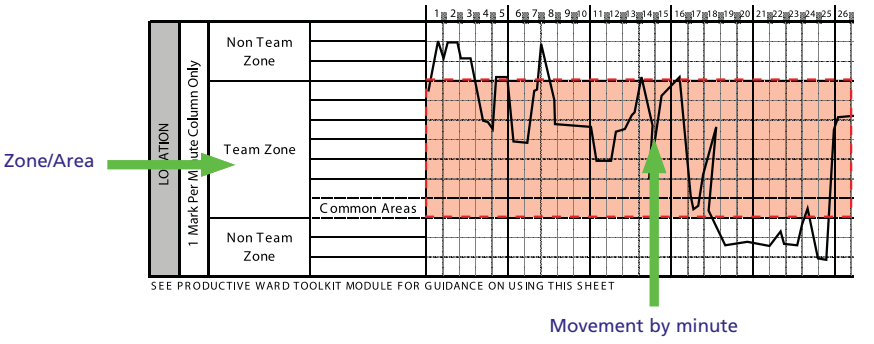
Totals in this section should add up to 60



The Intended Task Tally tells you what tasks the staff member is spending the most time doing. When choosing which modules to start, after the Foundation modules, consider starting the modules that have the largest totals. For example the ones the ward staff are spending the most time doing. The totals in this section should add up to 60.

Interruption Type	Related Module(s)
Patient Status	Patient status at a glance
Advice	Handovers / knowing how we are doing / nursing procedures / patient hygiene
Location of equipment	Well organised ward
Location of information	Well organised ward / patient status at a glance / knowing how we are doing
Relatives	Admissions & Planned Discharge / well organised ward / patient status at a glance
General Staff Query	Well organised ward / shift handovers
Patient	Patient status at a glance / shift handovers / Admissions and Planned Discharge

A large number of interruptions means you should look at how easy it is to find items, equipment, people and information. Consider the breakdown left:



If the observed staff member spends a lot of time above and below the central area (illustrated here by red dashed lines) then consider the *Well Organised Ward* module to ensure everything is easy to access. Also consider the *Shift Handovers* module to ensure roles and responsibilities are well defined and information is communicated effectively. A lot of time spent within the red area means that the teams are well defined and roles and responsibilities set.

Consolidating multiple Activity Follow sheets -

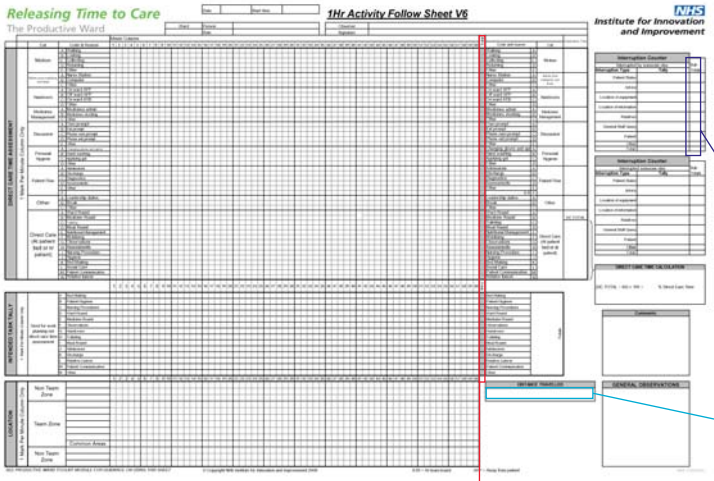
finding out how much Direct Care time your staff have over a shift:

As detailed in the Ward Leader's Guide, Direct Care time is a measure you should be obtaining once every month for the first six months and then once every quarter from then on.

The first month should feature a 12 hour observation of one trained nurse (between 6am and 6pm). The next five months and subsequent quarterly Direct Care time assessments should be an 8 hour observation between 7am and 3pm. All assessments should be on one complete weekday not featuring a ward round. The weekday should remain constant and ideally it should feature the same nurse.

Use the 'Totaliser' spreadsheet (which can be found on the NHS Institute Productive Ward web pages at www.institute.nhs.uk/productive ward) to summarise the 8 to 12 Activity Follow sheets you will have collected (dependent on whether it is the first month or subsequent). The orange sections are for you to fill in from the completed Activity Follow sheets. The green sections will self complete, giving you the Direct Care value for the period you are assessing (6am to 6pm or 7am to 3pm).

If your trust is implementing the Productive Ward on more than one ward, then talk to your Nursing Director about using your IT function to make a centralised spreadsheet using the same principles as the 'Totaliser'.



You need 12 completed Activity Follow sheets to complete the 12hr Direct Care Time assessment and 8 completed sheets for the 8hr assessment.

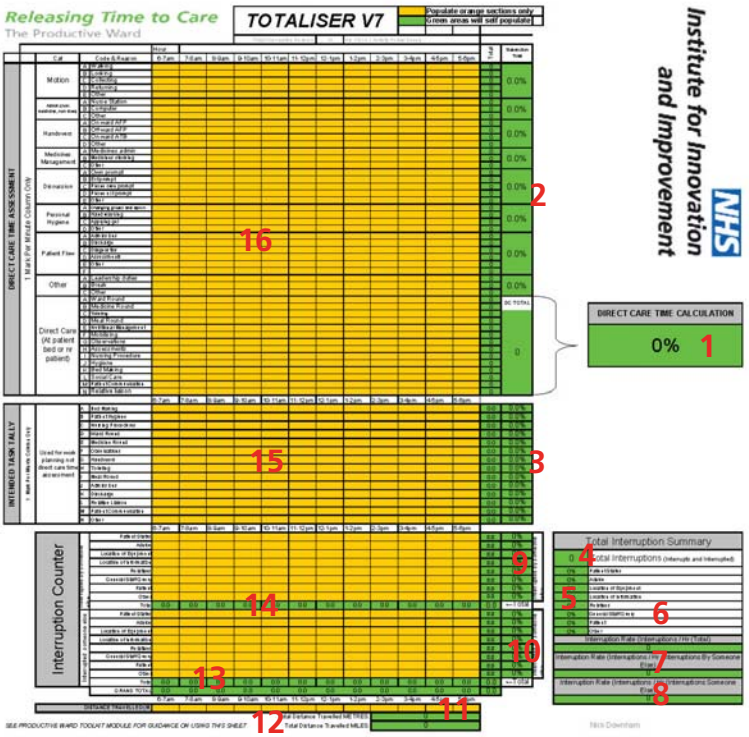
Each Activity Follow sheet fills one column in the Totaliser.

Type the totals from the 'Totals' column on the Activity Follow sheet into the appropriate column in Totaliser spreadsheet.

If you are carrying out less than a 12hr Activity Follow (for example on you second month onwards) you will need to change the middle box directly under the 'Totaliser' title.

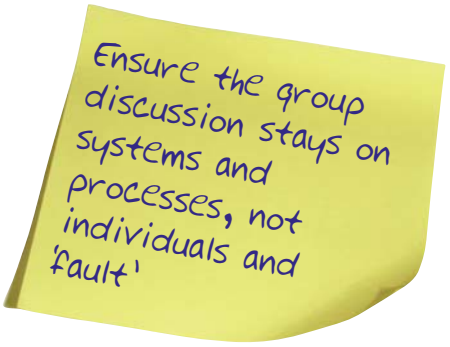
The default is 12 hours. By changing the number of hours in this box to match the number hours Activity Follow you have carried out (after the first month this will need to change to 8), you will ensure the results of the Totaliser are correct.

What is the Totaliser telling me?



Marker	Description	Related Module
1	% of Direct Care time	ALL
2	% of the time period that is spent in each activity (i.e. in Motion)	ALL
3	% of the time period spent intending to carry out a ward task (i.e. Bed Making)	ALL
4	Total number of interruptions	PSAG, WOW, SH, KHWD, APD
5	% of total interruptions by interruption type (i.e. % of interruptions caused by staff asking for location of equipment)	PSAG, WOW, SH, KHWD, APD
6	Number of interruptions per hour	PSAG, WOW, SH, KHWD, APD
7	Number of times per hour the staff member was interrupted by someone else	PSAG, WOW, SH, KHWD, APD
8	Number of times per hour the staff member interrupted someone else	PSAG, WOW, SH, KHWD, APD
9	% of all times the staff member was interrupted by someone else, by interruption type	PSAG, WOW, SH, KHWD, APD
10	% of all times the staff member interrupted someone else, by interruption type	PSAG, WOW, SH, KHWD, APD
11	Total distance the staff member travelled (in Metres and Miles)	WOW
12	Distance travelled by the staff member each hour	WOW
13	Total number of interruptions (total and by someone else only) each hour	PSAG, WOW, SH, KHWD, APD
14	Total number of times the staff member interrupted someone else each hour	PSAG, WOW, SH, KHWD, APD
15	Number of minutes each hour that the staff member intended to carry out a particular task (i.e. minutes that the staff member intended to carry out Observations between 11am and 12pm)	ALL
16	Number of minutes each hour by activity carried out (i.e. minutes of motion between 3pm and 4pm)	ALL

4. Video Waste Walk



What is it?	Using video to walk through the ward to identify causes of waste – waste of space, equipment, consumables, resources and above all – time.	**Why do it?**	It is a straightforward way to identify areas to get started with in terms of re-organising the ward (5S)
When to use?	A waste video is essential to prepare for the Well Organised Ward module. It is worth doing a waste video as often as you can – it does not have to be a whole ward every time – and there is never a bad time to detect waste!	**Material required**	• a sharp eye! • note book to take notes • video camera • camera, if possible (also refer to 'taking photographs' and/or 'video')

11 point process

1. Read guidelines in the Video section of this Toolkit and obtain the appropriate consent from anyone who may feature, however briefly, in a video walk of the ward.

2. Get someone who does not spend much time on the ward to walk with you.

3. Assume the waste you find is waste worth noting!

4. Ask yourself some common sense questions - do I see any space underutilised, do I see use of anything that would waste time, are there too many consumables being stocked, is the stock keeping unit too large, is there equipment sitting idle etc.

5. Walk through the ward with the video camera turned on. Look out for examples of the 7 Wastes (see next page) and also video from the perspective of the patient. Take your time. Film up, down and around. Film staff and facilities. A video waste walk can take upwards of 25mins.

6. Watch the video back as a group – take guidance from the Video section of the Toolkit.

7. As the team watches the video back, ask them to write down any issues they see onto post-it notes as they see them. Remind them of the 7 Wastes (next page) and the patient experience.

8. Put the post-it notes onto a flip chart and, with the team, categorise them into the 7 Wastes. Include any miscellaneous into an 'other' category. You will find many environmental issues you pick up fit into this latter category.

9. Ask the team to generate ideas on how these things can be made better. These ideas should be listed against each waste.

10. You should have finished with a completed waste video sheet, either on a big flip chart or copied onto A4.

11. For environmental issues, copy these issues onto a Cost/Benefit sheet and generate ideas using the guidance in the Toolkit section 11.

There can be 7 types of waste!

1. Defects and rework – e.g. Patient display board not comprehensive, so shift handover requires repeat verbal updates.

2. Motion – e.g. Sluice designed inappropriately, so that the commode chair, the pans, the wipes, the apron dispenser and glove dispenser are at different corners of the room.

3. Over Production – e.g. Doing unnecessary tests or observations.

4. Transport – e.g. An item is not stocked in your own ward, staff need to walk to another to collect the item every time it is required.

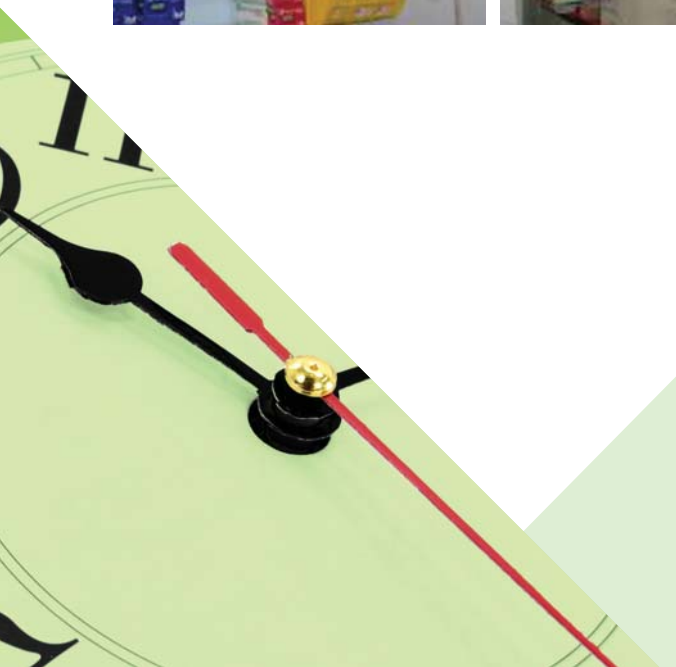
5. Waiting – e.g. Meal round interrupted because nurse is waiting for the patient to be prepared.

6. Stock – e.g. Excess stock – no space to keep it.

7. Over Processing – e.g. Excess documentation.







Example of a completed Waste Walk sheet:

A blank Waste Walk sheet can be found on the NHS Institute Productive Ward web pages at www.institute.nhs.uk/productiveward

Lean improvements on _____ Ward

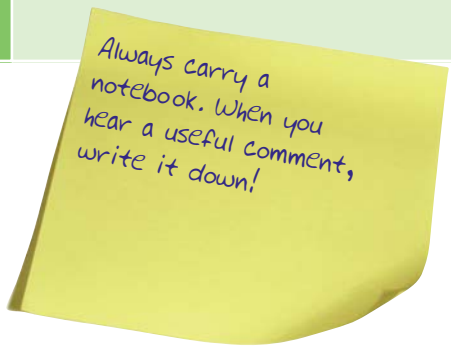
How can we improve the ward and eliminate waste?

Type of Waste	Please describe an example of this waste in your work environment	Please describe your ideas about what we can do to reduce or eliminate it
1. Defects. Rework, work done because of errors in a previous process. **Example of waste** **Repeating things because correct information was not provided in the first place.**	• positioning of patients or incorrect transfers i.e. bed to chair due to information not being passed on during handover • not reading bed signs • correct blood tests not always taken • to indicate clearly when investigations have been requested and booked to avoid duplication • have had to rewrite drug cards when misplaced • ineffective handover of information • recommendations left and not being carried out as per instructions	• handover board used in the nurses' office, updated every handover or when things change. Report on any changes in patient condition and special instructions or information for physio or OT
2. Motion. Unnecessary people movements and journeys, travel, walking, searching **Example of waste** **Staff walking to other end of ward to pick up notes or having to walk to theatre to collect paperwork**	• trying to find a nurse for handover • searching for equipment/laundry • searching for medical notes • taking blood samples to labs due to transfer system not working • searching for medication cards • searching for sterile water • drug cardex never there when needed • looking for beakers for drinks – tea trolley somewhere on ward	• improve delivery system • inform medical staff about returning treatment cards • have sufficient stock on ward • should be at bottom of bed all the time
3. Overproduction. Making or processing more than is necessary or making things faster than is necessary **Example of waste** **Requesting unnecessary tests from pathology that are not required.**	• some specific blood test requests by doctors • repeat referrals of patients when already seen and documentation in medical notes	• improve knowledge of when blood tests should be done. Lower cost of samples. • staff to check medical notes to see what was last written

Type of Waste	Please describe an example of this waste in your work environment	Please describe your ideas about what we can do to reduce or eliminate it
4. Transport of products or materials. Unnecessary handoffs, transfers, distances of material & information. **Example of waste** **Transporting phlebotomist bloods samples across the hospital before bringing them back to lab for processing. Moving notes round the hospital.**	• sample delivery system rarely works • we have to take X-Ray requests ourselves	• develop reliable system
5. Unnecessary waiting. People waiting for things or information to arrive. Information waiting on people to arrive. **Example of waste** **Waiting for patients, waiting for theatre staff, waiting for results, drugs, waiting for doctors to discharge patients**	• waiting for handover from nursing staff • waiting to see patient • clinician having to contact pharmacist to dose patients on Warfarin • interrupted on computer when doing nursing evaluation • waiting for results • waiting for take-home drugs • waiting for Social Services • inadequate handover when patients transferred from ward to ward, therefore, delays in picking up on pending jobs • delays in sending microbiology (patients can't be discharged until negative sample) • waiting for patients • waiting for tests	• handover board used in the nurses' office, updated every handover or when things change. Report on any changes in patient condition and special instructions or information for Physio or OT • clinician should be able to use same computer system as the pharmacist • dedicated time slots of nursing evaluations • another place to do nursing evaluations (not computer room)
6. Inventory. Information on people or things, e.g. patients or specimens waiting in a queue. **Example of waste** **Excess stock in store rooms that is not being used. Patients waiting to be discharged**	• lack of storage space • clinic space not appropriate	• notice in pharmacy to contact clinic for medical patients
7. Processing. Redundant or unnecessary processing. Things we do that don't add any value but add cost. **Example of waste** **Duplication information. Requesting tests that are not required. Asking for patients details several times.**	• nurse specialist assesses clinic patient then doctor asks the same questions • phoning pharmacy to get sterile water	• nurse specialist to take over all of low risk patients

5. Interviews

What is it?	Talking to colleagues to get information – either facts, opinions or both!	**Why do it?**	Knowing what people 'think' and 'feel' before looking at facts puts a different spin on the facts Sometimes that is all you have to go on!
When to use?	**Before** starting a module, to understand how staff feel about: • the way the process runs currently • what needs to change • the possibilities of change **After** running a module to understand how they feel about the new 'way': • is it an improvement? • are they excited and willing to participate? • are there any issues?	**Material required**	• notepad • pen • some people prefer to use a dictaphone but it is not essential



Interviewing – top tips

1. Make sure the interviewee has sufficient time for the interview.

2. Always have an 'interview guide' prepared before you start talking – this is simply a list of questions to ask, and information you require.

3. When coming up with the questions, keep the interviewees' perspective in mind – how will they feel about being interviewed, what are their priorities, are they in a position to answer your questions honestly.

4. Start the interview by explaining the purpose for the interview, and what you will do with the information you gather.

5. Make it explicit whether what you ask will be attributed back to the interviewee or not.

6. Before starting, ask if the interviewee has any questions of you.

7. Run through your questions list – but listen to the answers – sometimes they may take you down another path. Feel free to abandon your scripted questions if more valuable information is forthcoming.

8. Take notes or use a dictaphone – if using a dictaphone, make sure the interviewee is comfortable with it.

9. Convert the notes to a formal record as soon as possible – this is essential to capture the detail, if the written notes have missed it.

10. Ideally, share the interview notes with the interviewee to make sure you have captured it right.

11. Use 'open' questions i.e. questions that don't inadvertently lead to pre defined answers (see next page).

Interviewing – using 'open' questions

Informal conversations with staff, patients and stakeholders can be a valuable and efficient research method.

When you are working on a particular project you may be looking for a particular type of answer or seeking a particular result. Usually this will influence the way that you ask your questions.

The fundamental thing about 'open' language is being aware of where you are leading people with your questions.

Being aware of, and using, 'open' questions will help you to minimise your influence on your interviewee.

'Open' questioning can help you find out what your interviewee really thinks.

'Open' questions are questions that do not direct people to give particular answers and they do not have any major pre-suppositions.

For example, after running a project, you might ask:

"What do you think of the improvements on this ward?"

This question is problematic in numerous ways:

1. It presumes that the person has noticed that some changes have been made.
2. It presumes that a project has produced improvements.
3. The framing of the question forces the person to answer in the positive. They could be seen as rude if they answer negatively.

An 'open' version of the same question might be:

"What is your experience of this project?"

No question is entirely 'open' and you will always inject your own interests and motivations into a conversation. However if you can become aware of how you are directing the conversation you can begin to gather much more detailed and honest information.

Try to think about the category of information that you want to collect information under. For example, staff satisfaction. You may want to think of a few 'open' questions under this category such as:

- how long have you worked here?
- has it changed?
- what is it like to work here?
- how do you feel about your work?

You may find it useful to rephrase a question and ask it again if you think an interviewee has more to say on this subject.

If you are getting useful results and you want the interviewee to continue speaking in the same vein, you may find it useful to repeat back to people what they have just said to you. This can encourage them to keep speaking and often they will go deeper into their thoughts on a particular issue.

For example:

Interviewee

"I feel we could have gone much further with the improvements if we had involved more people."

"if you had involved more people…"

"if we had involved more people the project would have happened much more quickly, it seemed… it seemed that people who weren't told about it at the beginning started to slow the whole thing down."

Practising these techniques can help you become more aware of the way that you are asking questions and to get more accurate results. You can also practise by listening to the way that other people ask questions.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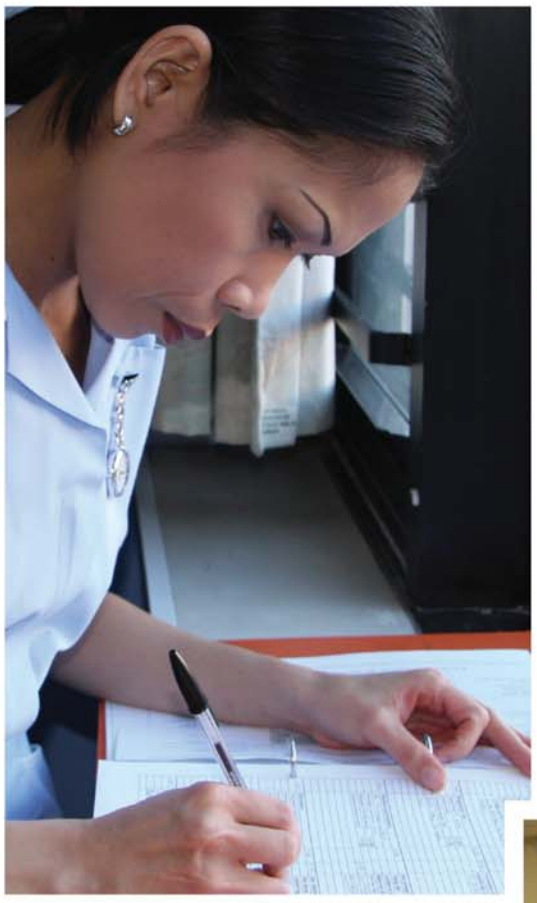


6. Photographs

What is it?	Taking photographs is a good tool to collect data that also doubles as a presentation tool	**Why do it?**	Captures 'perishable evidence' such as meetings and unfilled charts etc. Avoids 'hearsay' Is a very good communications tool
When to use?	Photographs should be used to capture: • events (meetings and workshops) • displays (boards, signs) • situations that change (e.g. unattended drug trolley, unmade beds etc) Especially useful to demonstrate the difference 'before' and 'after' a change	**Material required**	• a camera (digital preferred, ideally >2 mega pixels) • communications, A&E and imaging departments often have these cameras • polaroid cameras can also be used

Photographs – top tips

1. Use a digital camera – photos can then be transferred to a computer, mailed, printed, and included in presentations.

2. Ask staff and patients for permission to photograph: **get written consent (see below)** - If patients are in a confused state then assume you do not have their permission and do not photograph them.

3. Ensure the area being photographed is well lit.

4. Always keep your back to the light source.

5. Determine exactly what is needed in the photo – try and include that, but nothing else.

6. Steady yourself, and the camera.

7. Allow a few seconds for the camera to focus.

8. If photographing text, ensure you take photographs with and without the flash – different surfaces react differently.

9. If using a digital camera (usually with a large memory), click 2 photographs every time – one as back-up.

10. If people are photographed, show the photograph to them before using it in a presentation/meeting.

Photographs – written consent

Under no circumstances should you take photographs, or videos, without the consent of those involved.

Ask your communications department for your trust's photograph / consent form. Have one filled out by everyone involved in your photographs.

Be extra careful when photographing patients. If a patient is in a confused state then make the presumption that consent has not been given.

7. Video

Make sure the video is representative of real life! Avoid the temptation to put on a 'good show' for the camera

What is it?	Using video is a good tool to collect data that doubles as a powerful presentation tool.	Why do it?	Very powerful communications tool Captures 'perishable evidence' such as meetings and unfilled charts etc.
When to use?	Video should be used to capture: • entire processes • situations that change (unattended drugs trolleys, unmade beds) • waste walks • demonstrating the difference 'before' and 'after' a change	Material required	• camcorder (digital or mini DV camcorder recommended) • communications, A&E and imaging departments often have these cameras

Asking junior staff to do the videoing is less intimidating for the staff being filmed

Watch the video with the team before sharing with a wider spread of colleagues. Some of the video you capture could be emotional and upsetting

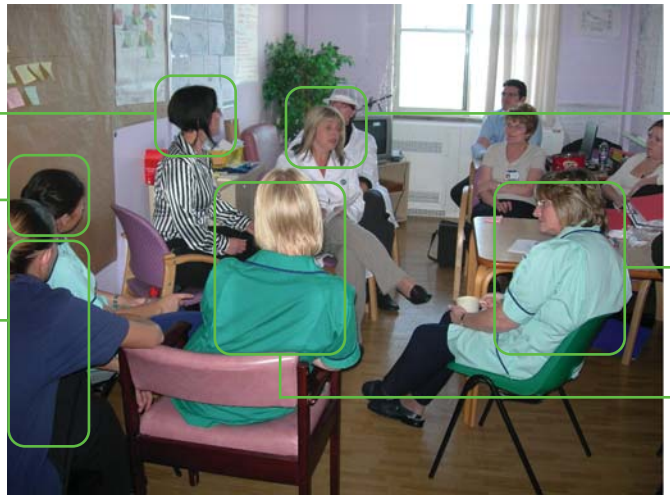
Video – top tips

1. Practise using the camcorder before you record anything.
   - find out how to record, zoom in and out, and stop recording
   - practise how to hold the camera to avoid shaking and jerky movements
2. Ask staff and patients for consent to video: get written consent - If patients are in a confused state then assume you do not have their consent and do not video them.
3. Give staff members at least one day's notice of the intention to video.
4. Chose someone who has used the camcorder before to do the recording if possible.
5. Make sure the camera is charged, and that you have an empty tape.
6. Use the DVD clips included in the Ward Start-Up Kit to show staff what to expect and what other staff in other hospitals thought about being recorded.
7. Ask staff to behave exactly how they would normally.
8. Try to stand back and film from a distance to allow staff to work unhindered.
9. Pick one member of staff to follow.
10. Before sharing the video with the ward team, watch the video back to make sure the video has recorded properly, to iron out any technical playback problems and to begin to understand the issues presented by the video.

Watching the video back

Involve all relevant parties

Follow simple ground rules



- observe, do not judge or comment (just yet)
- note everything you see!
- it is OK to be uncomfortable - if you are on the video, do not defend yourself - this is an opportunity to see what can be improved and learn together!

Advanced tips for shooting video

After you have done a few videos, you should consider some of the advanced tips below. They will help you produce better quality videos that are easier for the team to use.

Use the widest lens setting possible

A 'wide lens' means the camera is fully 'zoomed out'. If you are hand holding the camera always use the widest lens setting that you can. This will minimise any shaking and make it much less apparent to the viewer. You will get a cleaner and sharper image too. Set the lens to the widest or something close to the widest setting and leave it there.

Avoid zooms

Zooming in and out can be very distracting for the viewer. If you are hand holding the camera it is often better to physically move rather than zoom. In general you should find your shot and stick to it. If you do zoom (for instance, to show some detail or to emphasise something or to gently change the frame because there is something you want to include or exclude) do it deliberately and smoothly, but in most cases it is best avoided.

Keep steady / hold the frame

Avoid unnecessary movement - let the subject move rather than the camera. Be confident - keep the frame steady and allow action to come in and out of it rather than trying to follow everything. Don't cut or move to another shot too quickly - allow the action to unfold.

Don't make your shots too short

Some video cameras take a little time to come to 'speed' so never shoot less than five seconds and preferably at least ten. Those few seconds extra will also make editing much, much easier.

Try to avoid filming people against the light

Often the most dramatic shots are filmed against the light, but film someone against a window and they will be a silhouette. Most video cameras don't cope very well with contrast and if you are doing an interview try to make sure that they are lit brighter than the background behind them.

Look at the overall frame, not just through the viewfinder

Be aware of what is in the background of the shot. Good material can be rendered unusable if the activity or images in the background are distracting or inappropriate. Compose the shot - mentally step back and look at it as a frame with objects positioned in it. Most people can recognise what a good shot is when they see it on a monitor or look at a photograph but the untrained eye can forget this when looking at the world through the camera viewfinder.



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8. Timing Processes

What is it?	Using a simple format to record timings of processes – to allow analysis afterwards. Important in modules such as the meal round and medicines round so that you can see how much time you have saved.	**Why do it?**	Release time for direct care. This can be achieved by making sure you are saving time in routine processes.
When to use?	• timing of processes 'before' and 'after' the changes is a simple and highly effective way to demonstrate time saved • you can use it for all 'process' modules like meals, medicines round, ward rounds etc	**Material required**	• pen • the table (on next page), printed • a fob watch – or a clock, easily visible on the ward

What should I do?

- agree what the 'start' and 'end' of the process is –
  - choose the same start point every time (e.g. entering the treatment room to collect the medicines trolley)
  - choose the same finish point every time (e.g. leaving the treatment room after returning the medicines trolley)
- use a fob watch or the clock on the wall, to time the whole process from start to finish
- time the round for at least 5 days (1 week)
- use the template on the next page to record results

Don't round up or round down. Some improvements only save seconds, but they soon mount up!

Timing Processes Sheet

e.g. Morning, Lunch and Evening

XX Round Start Time	Date:	Date:	Date:	Date:	Date:	Range*	Average Time	Comments
	Time 1	Time 2	Time 3	Time 4	Time 5			

* Range is the difference between the longest time (X) and the shortest time (Y) taken: Range = X - Y

It helps with accuracy and consistency if one person is doing the timing

Timing Processes Example

- average the times for all similar rounds (e.g., the medicine round):
  - e.g. What is the average duration of a 10am medicine round?
  - disregard times that may have been influenced by special circumstances
- discuss and understand why some rounds are faster than others

Example - all times in minutes

XX Round Start Time	Date: Time 1	Date: Time 2	Date: Time 3	Date: Time 4	Date: Time 5	Range*	Average Time	Comments
10am	118	100	98	141	112	43	107	Crash call during medicines round on the 13/02

The range is large

Calculate the average using only Time 1, Time 2, Time 3 and Time 5

This round took significantly longer than the other rounds

Understand why this round took so long

* Range is the difference between the longest time (X) and the shortest time (Y) taken: Range = X - Y


FROM THURSDAY 16/11/06
CUTLERY WILL ARRIVE ON
PATIENT TRAYS AND MUST
BE RETURNED TO KITCHEN
WITH MEAL TROLLEY

9. Calculating Related Incidents

What is it?	• a simple guide to using existing incident reports to understand how many incidents are related to a particular activity or process (e.g., meals, observations, etc)	**Why do it?**	• reducing errors/incidents is a key measure for improvement of all important processes • therefore understanding how to analyse retrospective data is crucial
When to use?	• at the beginning of any change in a process, to establish a baseline of related incidents	**Material required**	• last 2 months' incident reports • pen • paper

How many errors are made?	Medicines round Example
• look at clinical incidents data to understand how many are related to a process (e.g. the medicines round): ◦ collect all clinical incident reports over a specified time period ◦ sort the incidents into those relating to this and other processes ◦ calculate the number of incidents per time period • hold an informal discussion with staff: ◦ what are the risks associated with conducting the process (e.g. the medicines round?) ◦ are there more incidents which do not get reported? ◦ how can we prevent these incidents?	Investigation found: • 56 incidents reported on the ward in 3 months • 7 related to medicines management 7 Incidents / 3 Months = 2.3 Incidents per month

10. Process Mapping

It is very easy to think that everyone involved in ward work has a common view of what is going on in our wards. This is often not the case. The value of getting everyone to agree on how things currently work, and what the future should look like, should not be underestimated. Process mapping sets out to do just that.

What is it?	• a tool to 'map' current status of a process (e.g. Meals, ward rounds)	**Why do it?**	• to allow representation of a process in a schematic manner, making it open to debate and change
When to use?	• when mapping existing processes • to identify issues • to brainstorm solutions for the identified issue	**Material required**	• flip chart • marker • post-its • big piece of paper

Productive Ward Process Mapping originates from a technique used in industry – value stream mapping. The aim of process mapping is to provide a framework in order to re-design processes, so that the steps of the process deliver greater levels of value. Value in our case is a safer, more dignified and more timely patient journey.

The technique:

1. Collect data and understand the process.
2. Create the current state map.
3. Analyse the current state map.
4. Look for areas of improvement.
5. Create a future state map.
6. List change items and create a plan.
7. Implement the changes and confirm results.
8. Future state = current state.

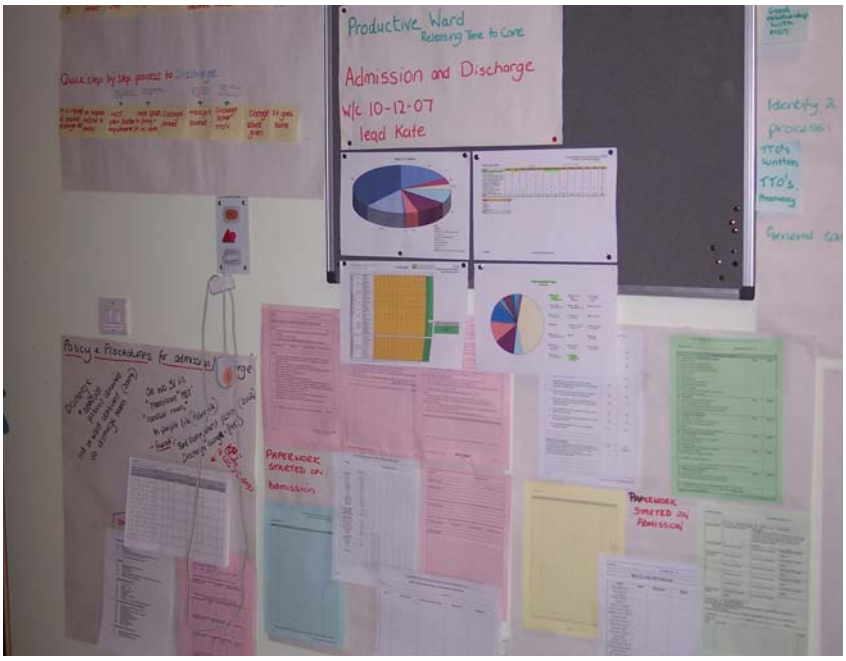
The Process Mapping tool is often used in conjunction with Video, Module Action Planner and Cost/Benefit tools.

Example: Map how we currently do our meal round

1.

Collect data and understand the process

If possible video your process from start to end. If this is not possible then it is important that you 'go and see' to observe and make notes of what actually happens. Try to gather any data that can be used to show the true picture (these can be found in the preparation stage of your process module).



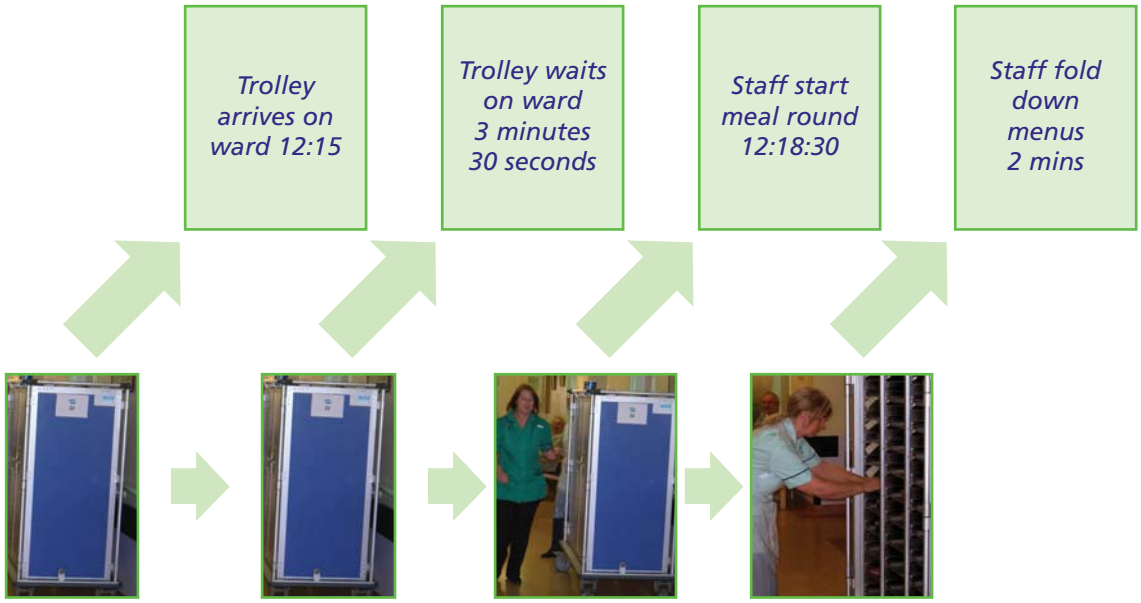
2.

Create the current state map

Use a large piece of paper roll to allow you to stick post-it notes representing each step of your process. It is important to involve all of the relevant staff at this stage. So if your process involves external resources then these should be included now.

If you do not have enough room on one wall, you can bend the paper round a corner as illustrated in this picture.

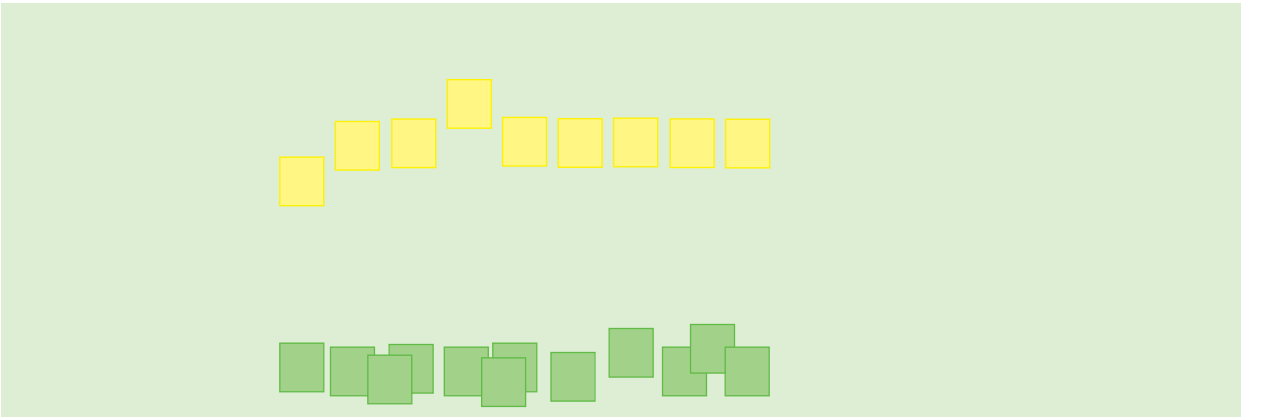
Start to 'map' out your process using one post-it note for each step. At the same time if watching the (stop / start video person) video add the time elapsed to each step and place onto the paper roll sequentially. Actively involve all present to identify concerns or activities that should not be happening (remember this is not about blame, more about highlighting areas that can be improved).



Continue to do this until you have reached your end point. Now agree that what you have created is a true representation of what actually happens. Have you captured all of the concerns viewed as well as known concerns?

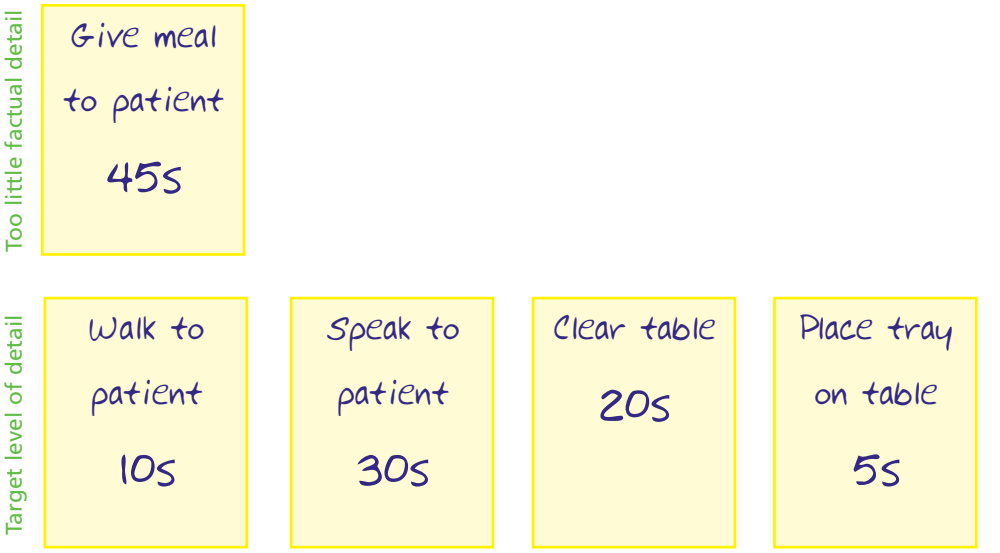
Add all of the concerns to the map under each step relating to that concern. If any documentation is used within the process add it to your map.

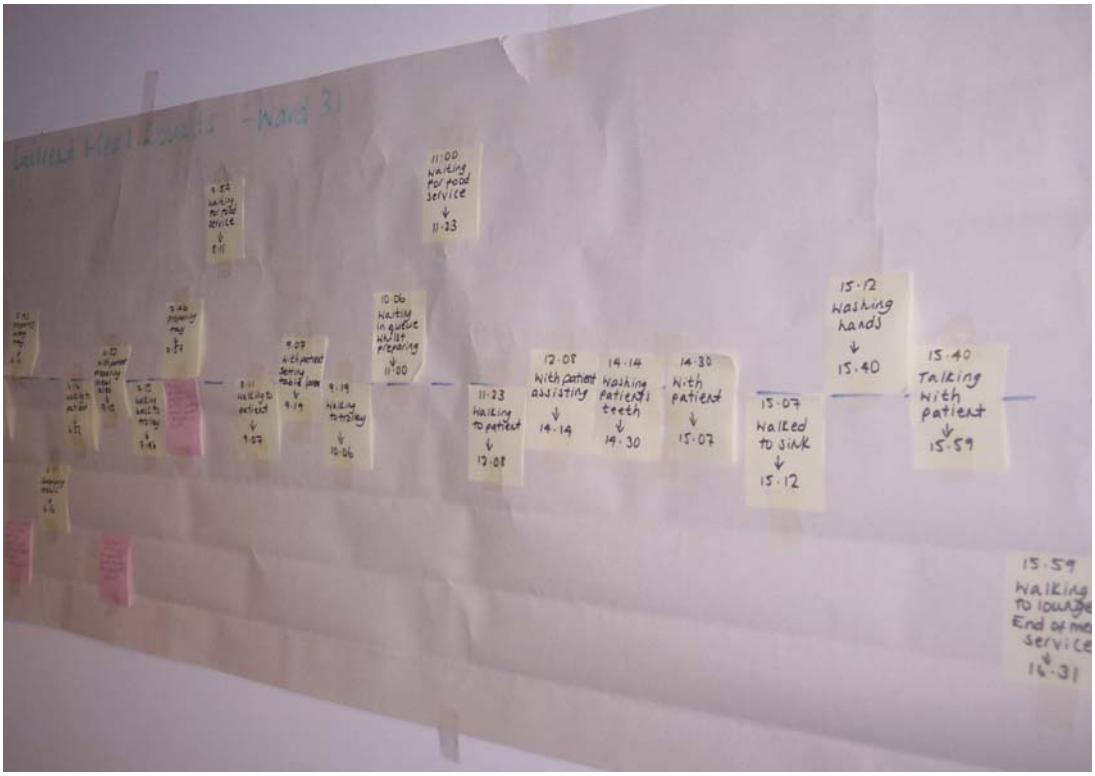
Example of process steps with related concerns in a line of post-its underneath.



Key Point: Don't try to make your map look like ones you may have seen elsewhere. As long as you have enough detail and the map is a true representation of the process then this is your current state map.

The level of detail is important. The diagram below illustrates the level of detail required.





3.

Analyse the current state map

Now ask some key questions:

- what waste is there (refer to Toolkit Tool No.4)?
- what are the slowest parts of the process, that keep other parts waiting?
- are the right resources used?
- what drives the process?

4.

Look for areas of improvement

Now together look for ideas or suggestions on how to improve. Add these suggestions to a flip chart using post-it notes. All ideas no matter how big or small should be captured.

5.

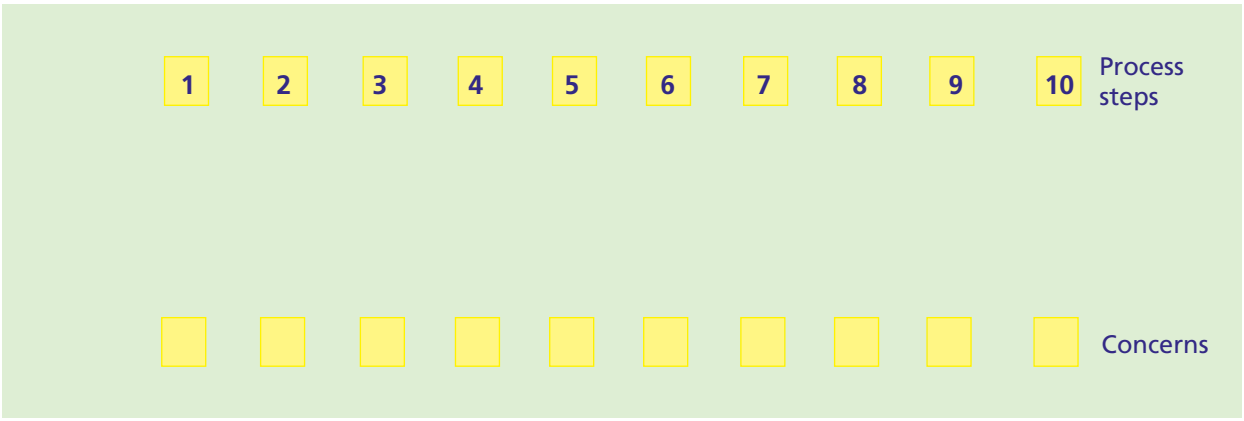
Create a future state map

At this point it is important to aim for the ideal process. By aiming for this it will push you beyond just putting right all of your current concerns. Your ideal future state map should have NO concerns. Remember to think 'out of the box', remove yourself from the constraints within your current process. What would be the safest, most dignified process for the patient?

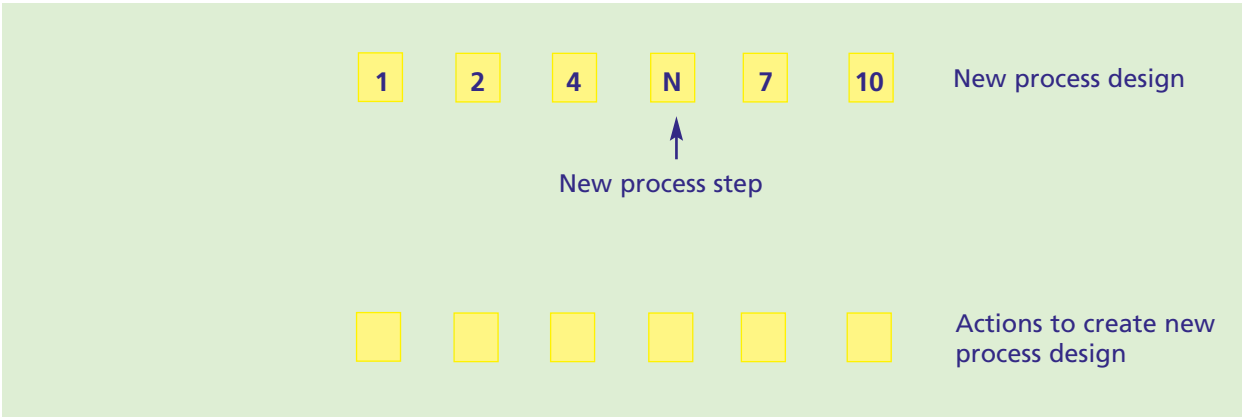
Build your future state map in the same way as before only this time use a post-it note for each of your new steps but now at each step write down the action needed to achieve it.

Continue this method until you have reached your end point. Now you can cross reference back to your current state map to ensure that the actions will eliminate all of the concerns raised within your current process.

Current State:



Future State:



6.

List change items and create a plan

Using your actions post-it notes on your future state map use the cost benefit matrix to help you prioritise your actions. Once complete these can be added to your Cost/Benefit sheet (see Tool No.11) and then onto the Module Action Planner (Tool No.12) to allow timing and responsibilities to be assigned. The next stage is to create an implementation plan. Please refer to Module Planning section of this Toolkit.

7.

Implement the changes and confirm results

Use the Project Management guide to implement the changes. Monitor your KPIs to understand impact of changes made. Try to quantify improvements made where possible or collect quotes from staff / patients to help raise awareness and enthusiasm as you progress. Confirm your results and feed back to all involved.

8.

Future state = current state

Once we have created and implemented our future state map, we have effectively set a new standard and so the future state map now becomes the current state from which we can continually improve.

Summary

Process maps allow processes to be broken down into smaller sizable chunks which can be analysed and understood at a glance by everybody.

Process maps help engage the attention of all participants, whereby their contribution and knowledge is fundamental in making the process maps what they are.

Process maps help identify the current state of a process and when changes and modifications are made they can also illustrate the future state process with all the waste and inefficient processes removed.

11. Cost/Benefit Analysis

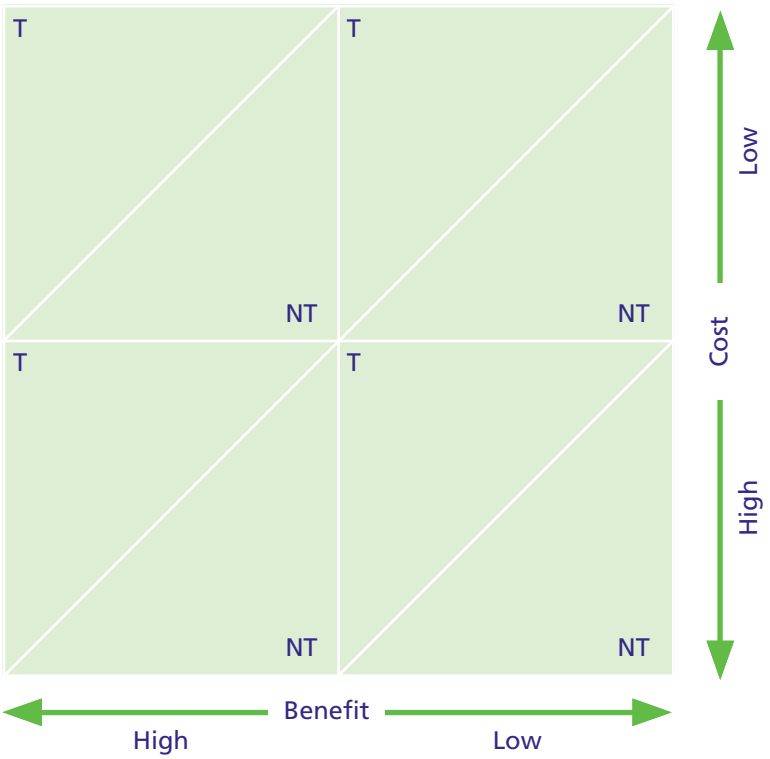
What is it?	• a tool to list and prioritise your issues and their solutions	**Why do it?**	• usually there is not enough time or money to implement all solutions at once • it is therefore important to do the bits that are easier and have more impact first
When to use?	• in any discussion that requires several issues to be tackled at once! • a good time would be after process mapping and the 5-Why Analysis	**Material required**	• flip chart • marker • Cost/Benefit chart

How to prioritise our issues using a Cost/Benefit sheet

1

Make a copy of all of the 'issue / problem' post-it notes created when mapping your future (e.g. the meal round process) onto new post-it notes.

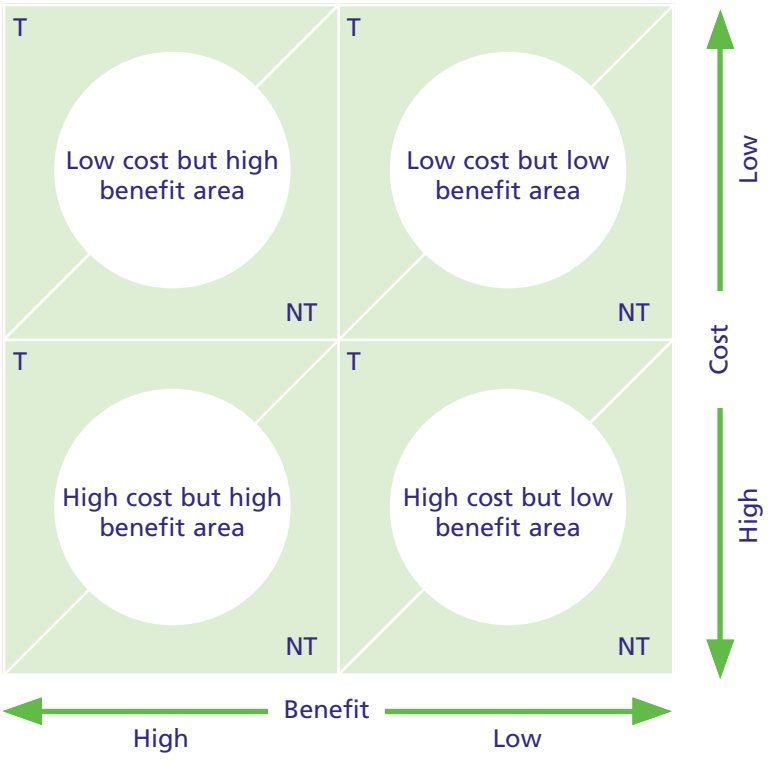
Copy out the grid to the right onto a flip chart making it as big as possible on the paper.



2

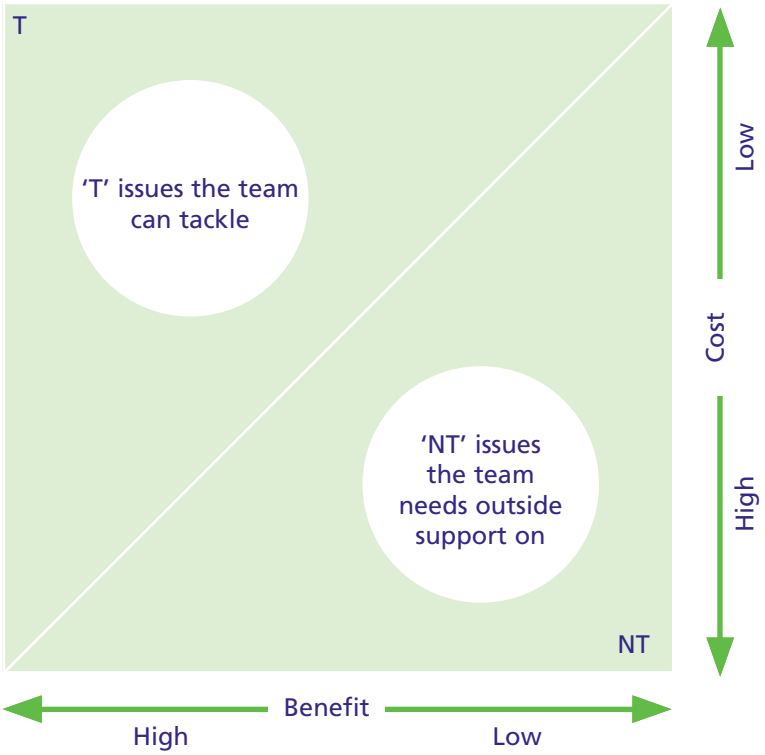
To prioritise the issues we stick the post-it notes onto the flip chart. The areas of the flip chart are explained to the right.

Each area refers to the cost involved to solve the issue and the benefits once solved.



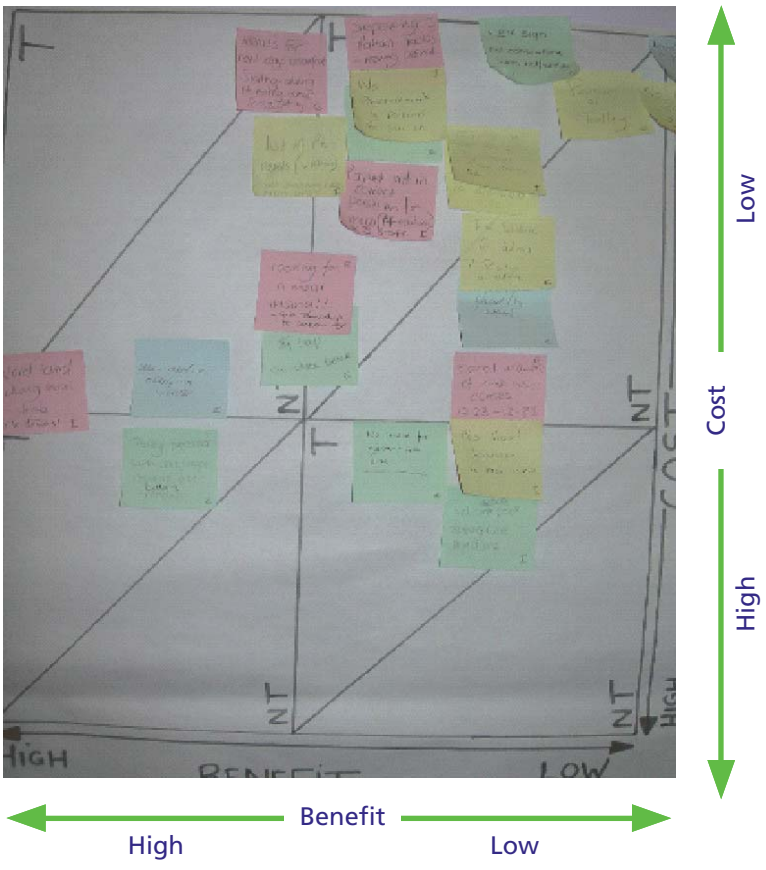
3

Each quarter of the sheet is sub-divided to split the issues up further to decide which issues can be solved by the ward team and which issues need outside support ('T' = Team, 'NT' = Non-Team).



4

Your finished sheet should look something like the image on the right.

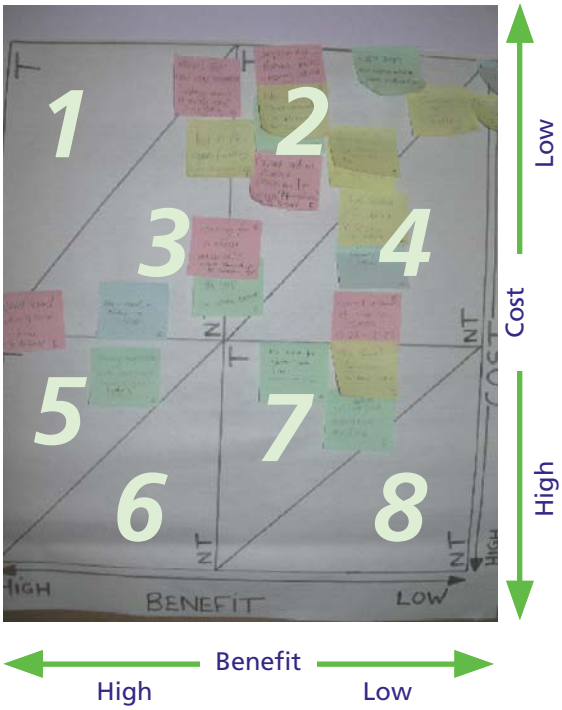


12. Module Action Planner

What is it?	• a sheet that helps clearly plan and track actions from the modules	**Why do it?**	• by putting responsibilities and deadlines on the board, it can be a great project management tool
When to use?	• after Cost/Benefit Analysis has been done and priority issues are clear	**Material required**	• Module Action Planner sheet (available from the NHS Institute Productive Ward web pages at www.institute.nhs.uk/productiveward) • marker pen(s)

Using the completed Cost/Benefit sheet to produce your team's schedule of work

The order you should tackle the issues on cost/benefit is depicted below. Issues in triangle 1 first, right through to the issues in triangle 8 last.



Use your judgement to prioritise within each triangle and then list the problems.

Releasing Time to Care
The Productive Ward

Module Action Planner

⊕ = Understood ⊕ = Underway ⊕ = Complete ⊕ = Sustained

	Action	Who	When	Progress	Initial
1				⊕	
2				⊕	
3				⊕	
4				⊕	
5				⊕	
6				⊕	
7				⊕	
8				⊕	
9				⊕	
10				⊕	
11				⊕	
12				⊕	
13				⊕	
14				⊕	

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Module Action Planner Sheet

Planning the implementation of your modules is vital. While it is important it is done in detail, planning does not have to be complex, I.T. heavy exercise. The Module Action Planner is a quick, easy tool that keeps the module implementation plan, clear and easy for everyone to see and contribute to.

1. List the actions in order of priority from the Cost/Benefit analysis.

2. Decide who is responsible for each action.

3. Agree a deadline.

4. Monitor 'status' regularly - shade one quadrant each for:
   - responsibility identified
   - trial done
   - discussion had
   - implementation completed

Releasing Time to Care
The Productive Ward

Module Action Planner

⊕ = Understood ⊕ = Underway ⊕ = Complete ⊕ = Sustained

	Action	Who	When	Progress	Initial
1				⊕	
2				⊕	
3				⊕	
4				⊕	
5				⊕	
6				⊕	
7				⊕	
8				⊕	
9				⊕	
10				⊕	
11				⊕	
12				⊕	
13				⊕	
14				⊕	

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Top 9 tips!

1. Feel free to draw out your own sheet on a flip chart or get some printed out. A3 size is OK but using A2 size makes the actions clear to everyone! A local printing firm will be able to print out copies in A2, and not too expensively.

2. Look at your list of issues from the cost/benefit analysis, to ensure it is complete and nothing has been missed out.

3. Always fill in the 'who' column, and the deadline.

4. Keep the sheet displayed in an area where everyone has access.

5. Get the 'responsible' person to fill in the status column as the status changes.

6. For each problem – fill-in the circle of quadrants – start in the top left and work your way clockwise. One quadrant each for four status steps (described on previous page).

7. Take actions first, for the biggest problems, with the highest likelihood of resolution.

8. Keep the list updated on a weekly basis – return to it periodically to assess progress.

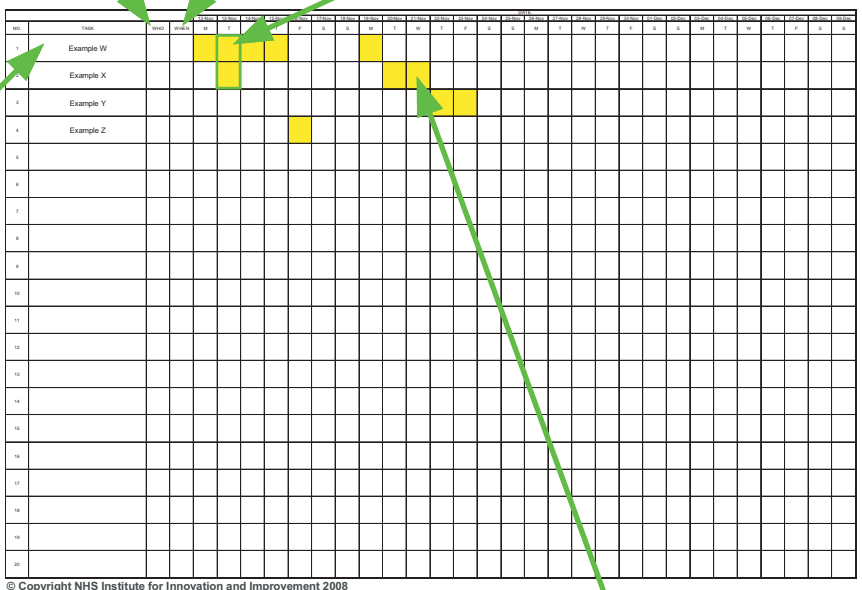
9. Use it wherever you may find it useful in everyday ward functioning, and not just in 'project related' matters.

Detailed Module Action Planner

If you want to be able to plan your module implementation in more detail, specifically to be able to see if the plan is realistic, then consider using the Detailed Module Action Planner (You can find a blank one of these on the NHS Institute Productive Ward web pages at www.institute.nhs.uk/productiveward).

In the same way as the Module Action Planner Sheet, fill in the Detailed Module Action Planner with the actions you have generated from your Cost/Benefit analysis. You can do this electronically or, for speed, just print out a blank sheet and fill in the sheet with a marker pen. To aid communication to the rest of the ward team, consider getting blank sheets printed by a local print company.

Filling in your Detailed Module Action Planner Sheet

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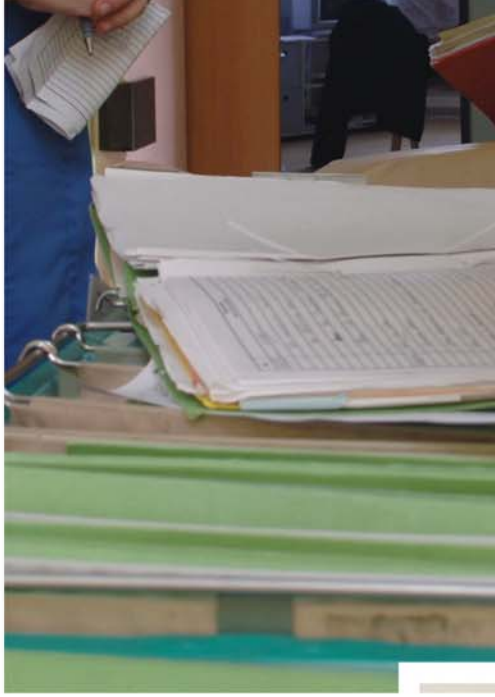
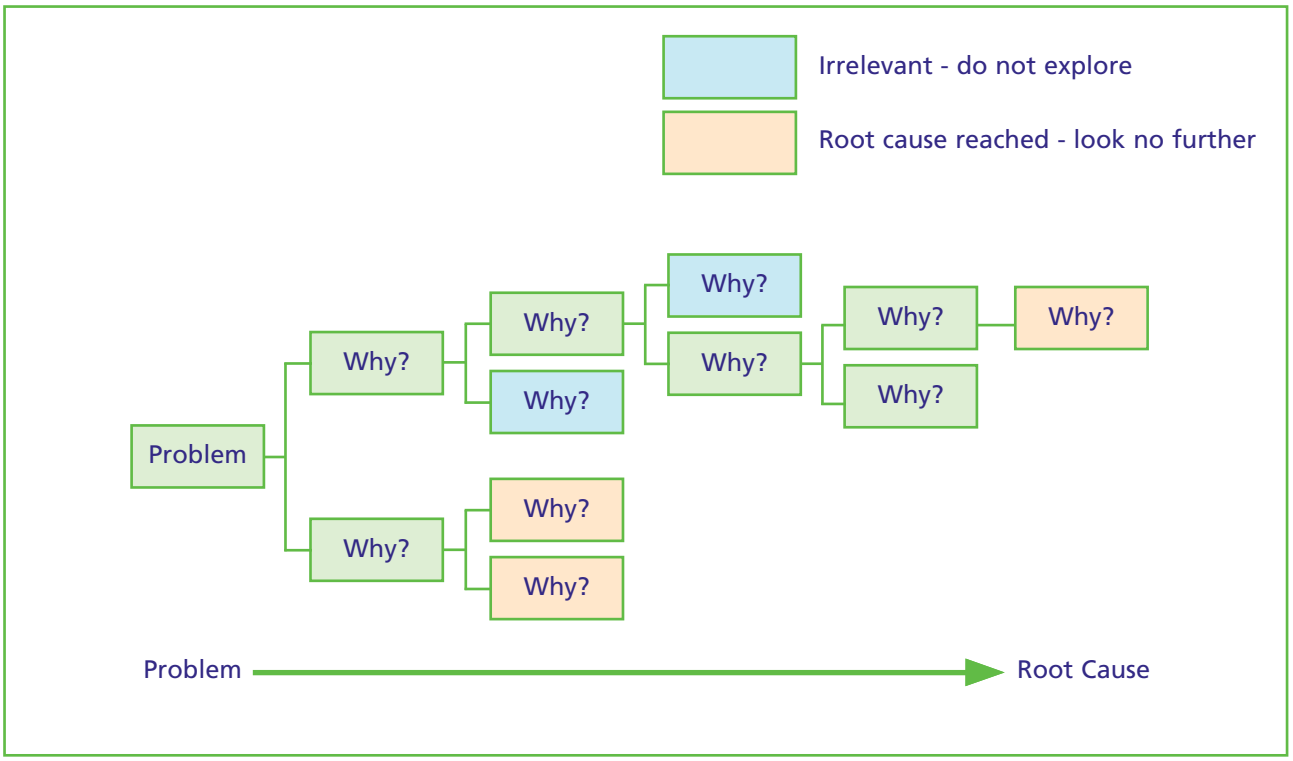


13. 5-Why Analysis

What is it?	• a tool to identify the root cause of process issues. Revolves around asking 'why'	**Why do it?**	• addressing the root cause rather than the symptom provides a permanent and complete solution
When to use?	• to understand reasons for a particular measure getting worse (e.g. Increasing Length of Stay) • to resolve any issue with unclear solutions	**Material required**	• flip chart • marker

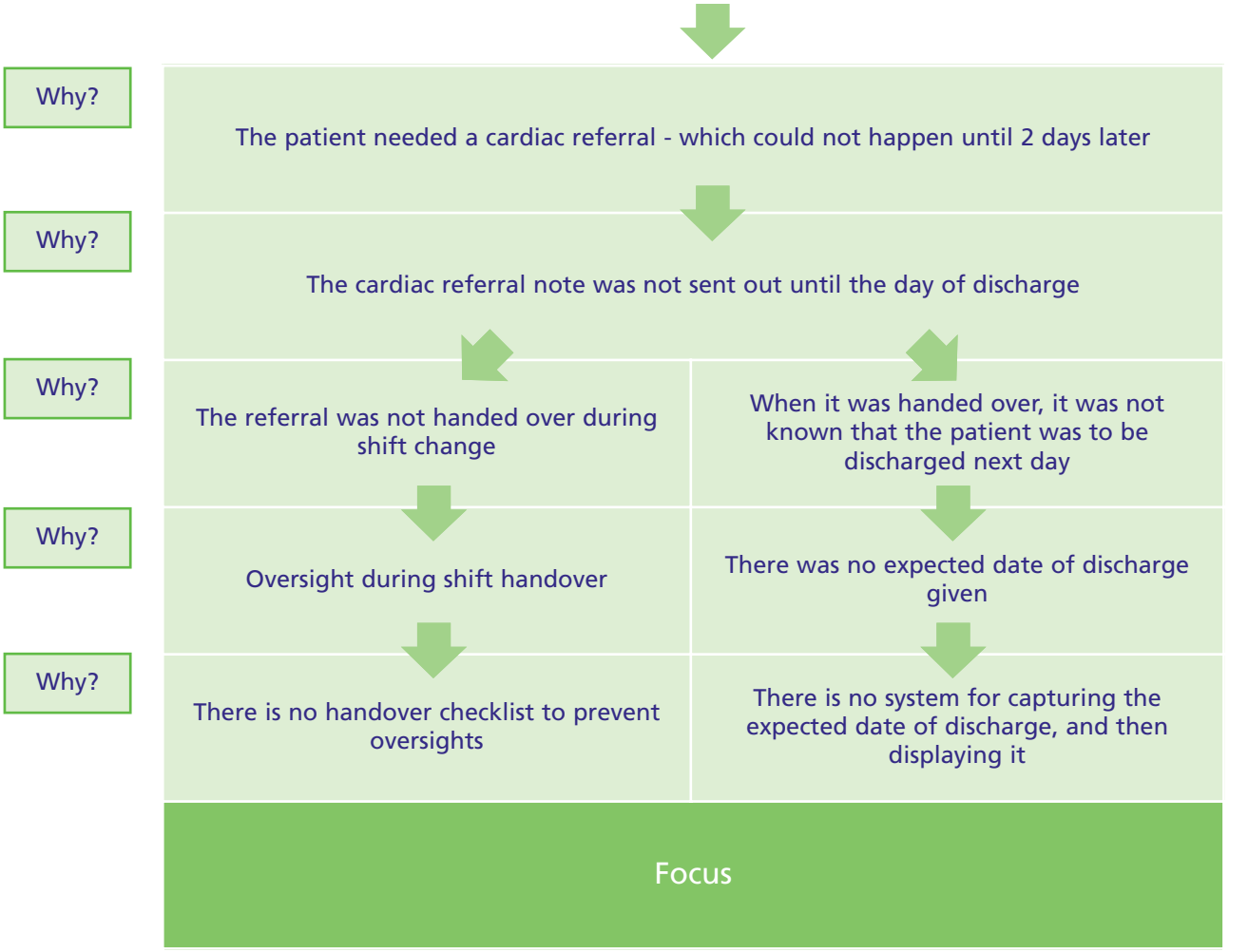
Characteristics of good 5-Why analysis

- start with a specific measurable problem
- draw a 'tree of solutions', given multiple answers possible (branches) for each 'why'
- ignore the irrelevant branches, and focuses on the right ones based on impact



Statement of Problem

The discharge was delayed by 2 days



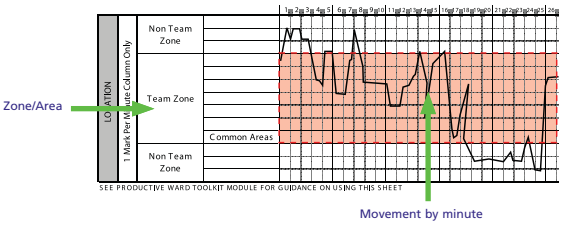
When exploring clinical incidents and other safety related incidents it is important to keep in line with your trust's policy on incident investigations. Many trusts use the NPSA's guidelines and thus these should not be compromised.

14. Spaghetti Diagrams

What is it?	• a tool to track physical motion of people or material in a particular location • decide to track a person/material as it enters an area • draw the path taken on the blueprint of the area • the wasted motion will be evident	**Why do it?**	• it reveals where unnecessary motion is being caused due to the location of equipment and materials
When to use?	• after a waste walk, to confirm hypotheses • before running the 'Well Organised Ward' on an area • whenever you suspect a particular area of the ward is not laid out properly, leading to excessive walking, or moving of equipment/materials	**Material required**	• blueprint/map of the area in question • a board to hang the blueprint/map • a pen

Spaghetti Diagrams

Where will you get all this information from?

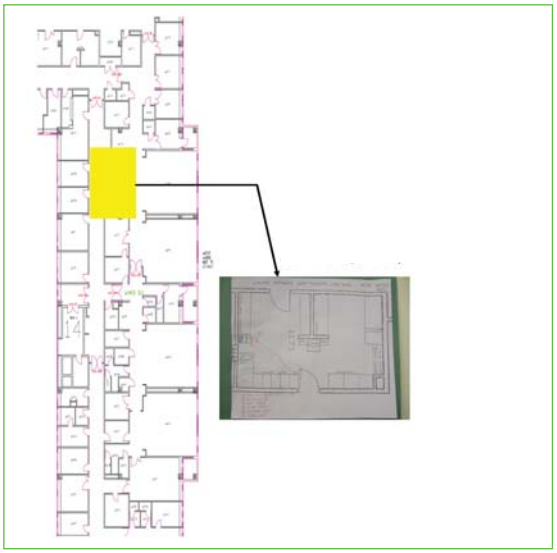


1. The activity follow sheet - see Section 3, Toolkit (Pictured: a completed Activity Follow sheet).

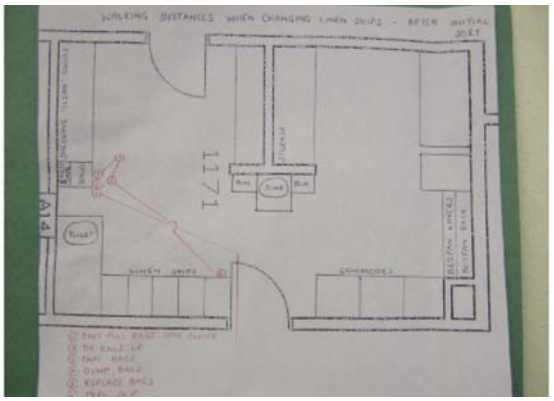
2. The video - see Section 7, Video.

3. Interviewing staff in order to understand their movement - see Section 5, Interviews.

4. Obtain a copy of your ward layout (if you cannot get one then draw one out on a sheet of paper).

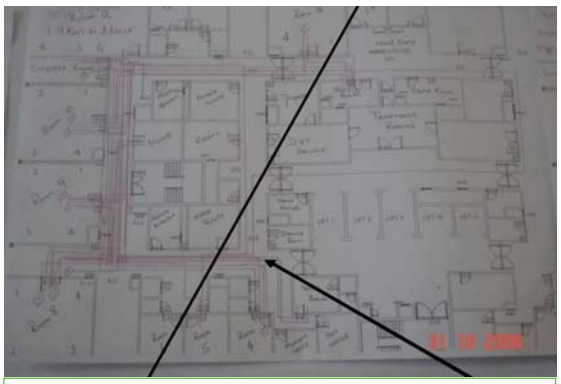


5. Use a photocopier to enlarge the area you are working on (room or larger area).



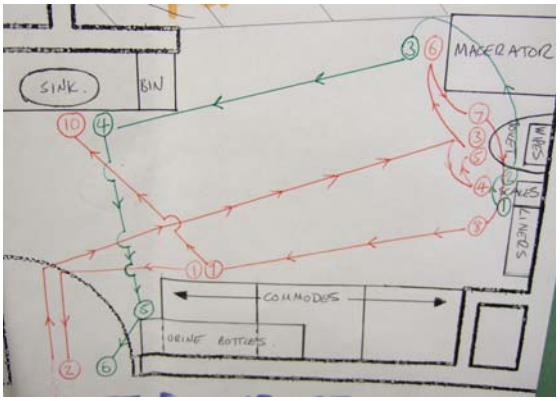
6. Plot the movement of the staff member onto the plan.

Detailing typical movement for a staff member undertaking a process -in this case disposing of dirty linen (generated from videoing the patient hygiene process).



Example detailing a staff member undertaking general ward duties (generated from an Activity Follow).

7. With your team discuss how the area could be arranged and/or the process can be re-designed so that the movement is reduced, and time saved.



8. Plot the newly designed process route onto the plan in a different colour.

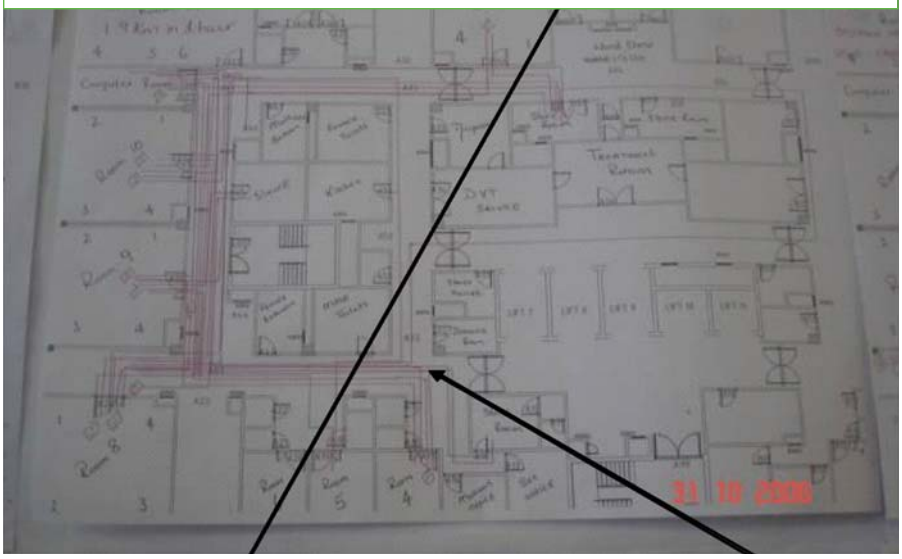
9. Often the changes to process route will coincide with changes your team is making using the Well Organised Ward module.

10. Quantify the time you could save, and thus make available for re-investing in direct patient care, by walking the new route and timing.

11. Use Toolkit Tool No.18 to translate that time saving to a powerful message to the wider team.

Spaghetti Diagrams

Staff Nurse - spaghetti diagram - 1.9 km in an hour
(Movement across ward marked with red pen in the example pictured)

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NHS Trust


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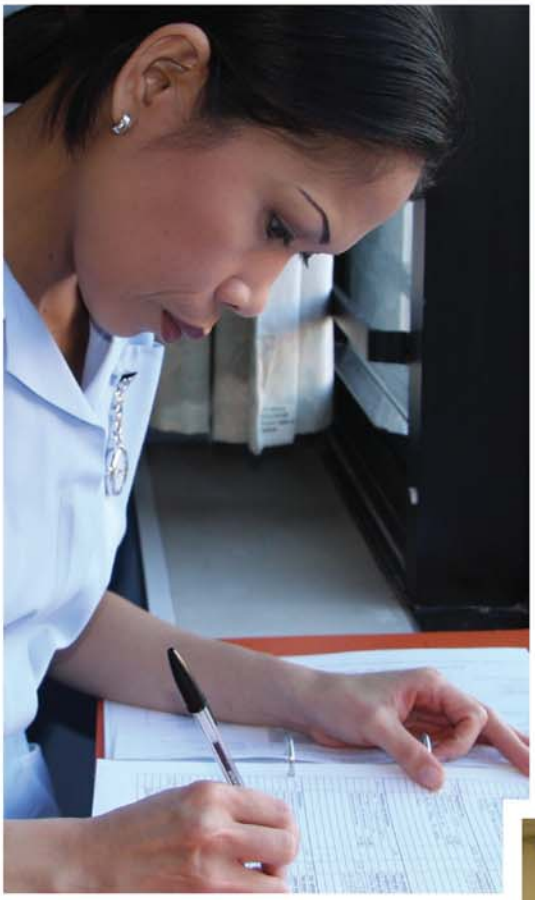
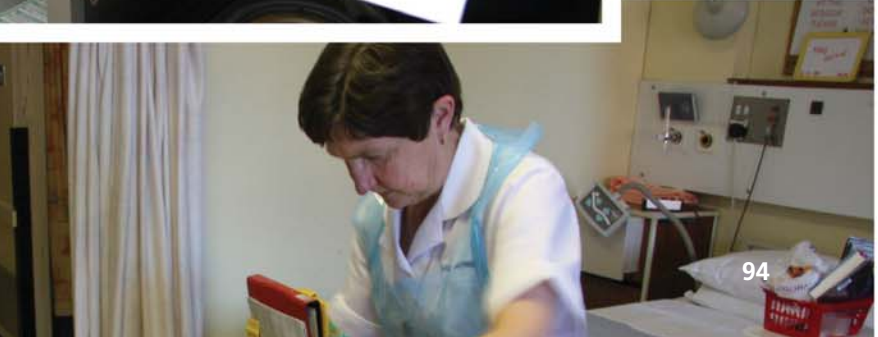




15. Audit Planning

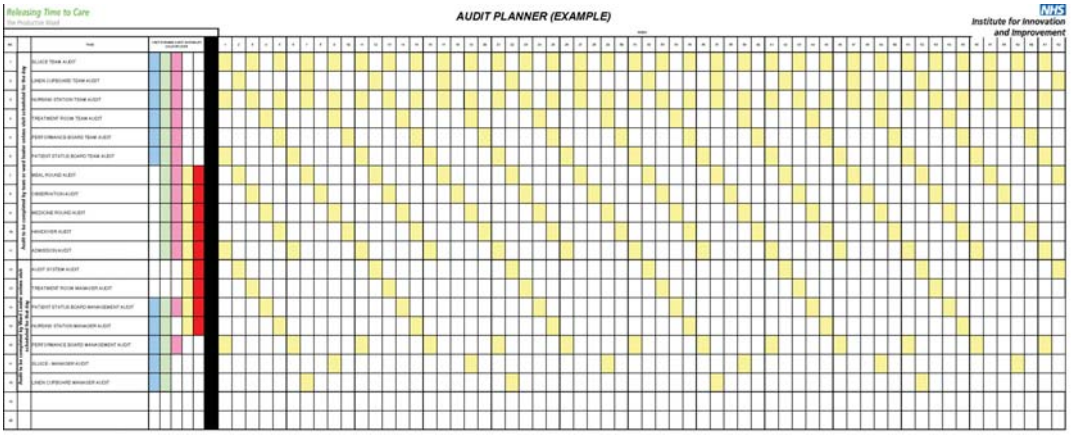
As described in the Ward Leader's Guide, audits are central to the sustainability of improvements made on your ward.

Productive Ward sourced audits are quick, to the point and they never stop. Even if the changes are being sustained, the audits continue.

You can see an example of an Audit Planner on the NHS Institute Productive Ward web pages.

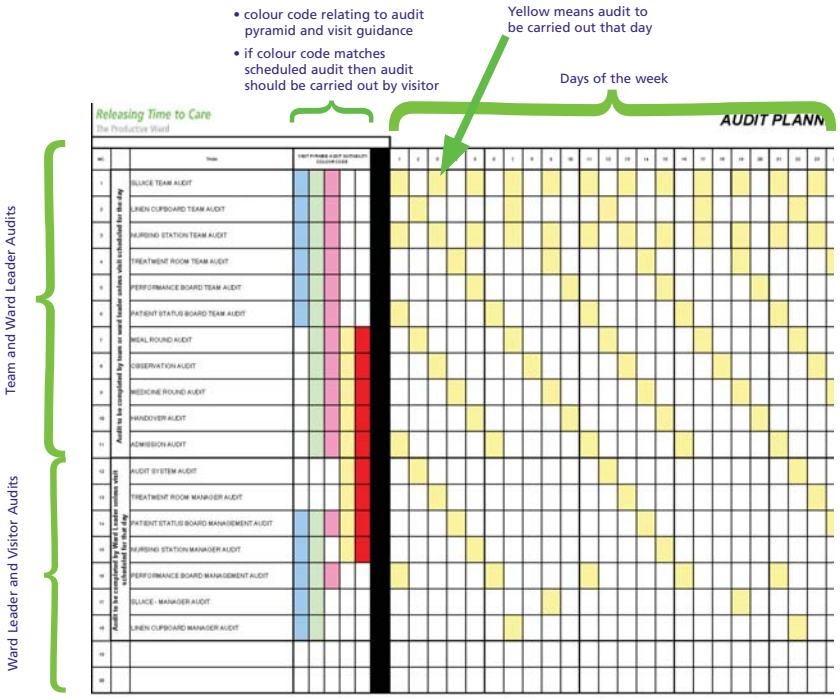
The example illustrates a typical selection of audits and how they can be planned and tracked to ensure they are being completed.

Example of an Audit Planner



The example planner also colour codes each audit so that, when the leadership team visit the ward, they know which audit to carry out. See Tool 16 – Visit Pyramids and Visit Guidance.

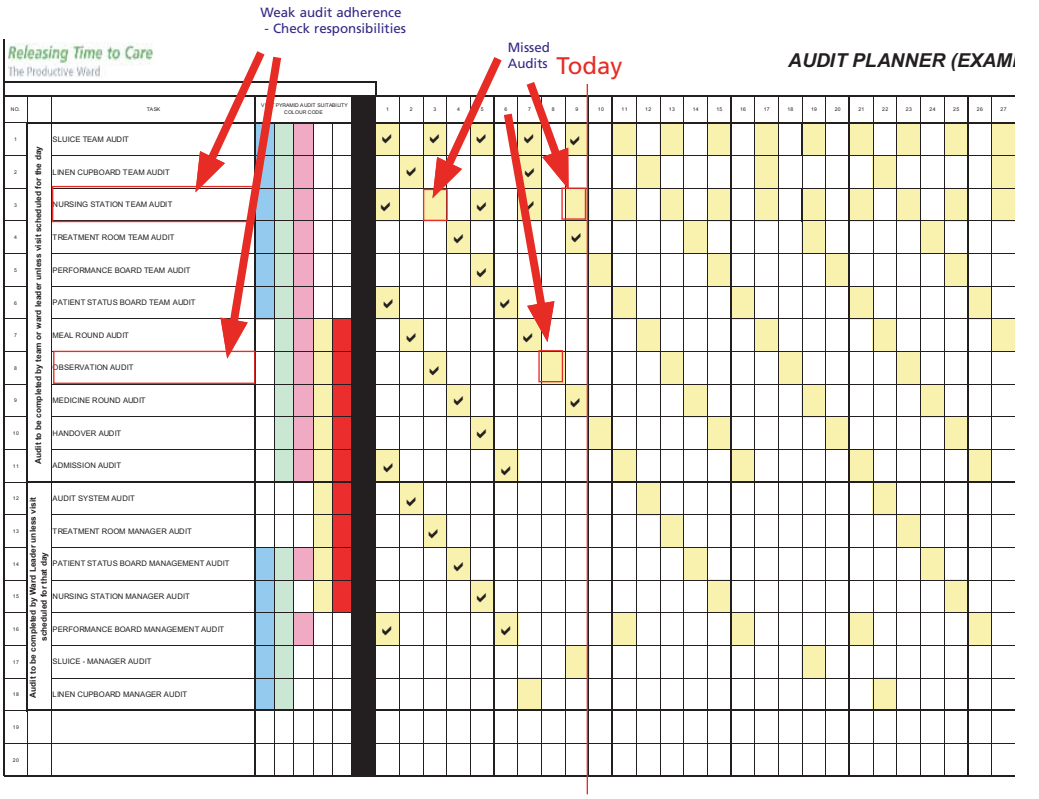
Detail of the example audit planner



Are your audits going to plan?

Use the planner to identify problem areas with your ward's audit system.

Use the principles of the example Audit Planner to create you own audit plan.

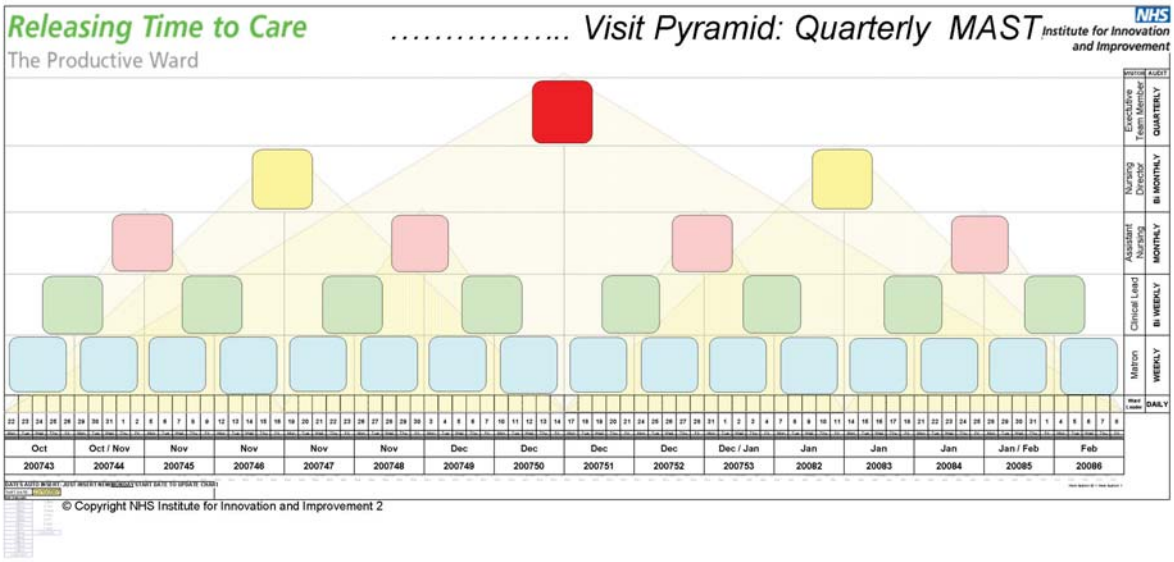


16. Visit Pyramid & Visit Guidance

The visit pyramid is a visual system to ensure visibility of all levels of the trust leadership team. Frequent visits to wards implementing the Productive Ward is vital for sustainability. Visits are also a great way of showing off the team's hard work!

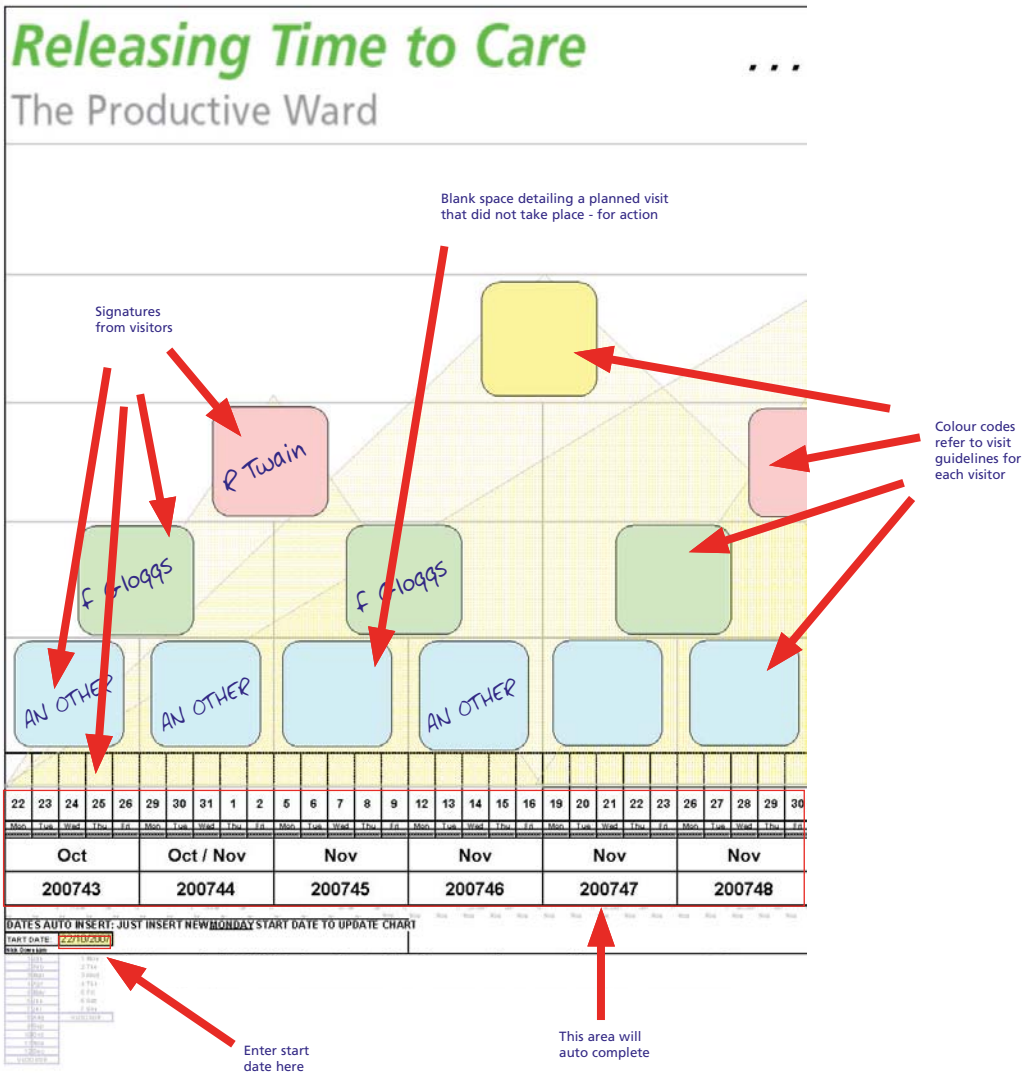
Each level of the pyramid refers to a level of the leadership team, from ward leader through to executive team.

Ward Visit Pyramid (to be displayed on the ward) – Visually manages a quarter of a year of visits



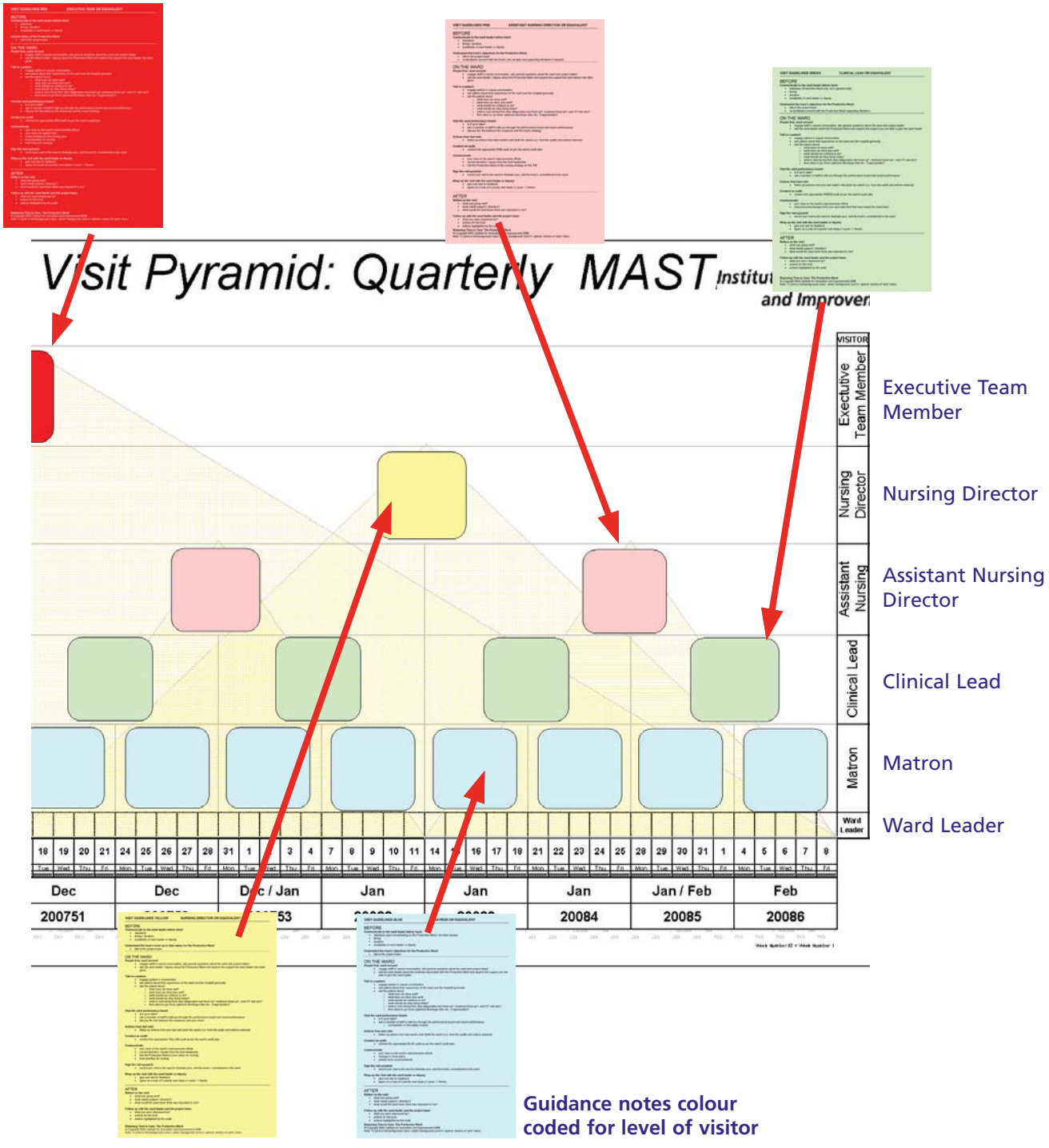
On every visit, the leadership team member signs on the appropriate box. This provides a visual record of the visit.

The visit pyramid is available from the NHS Institute Productive Ward web pages at www.institute.nhs.uk/productiveward). The titles for each level of leadership (on the right of the pyramid) are for example only. Change them, if necessary, to suit your trust's structure. The days, weeks and months on the pyramid can be easily altered to suit the date you start to use the pyramid. Just enter a new start date in the yellow box in the bottom left of the pyramid and the appropriate dates will autocomplete.



To ensure the best appropriate outcome for the wide ranging members of the leadership team visiting the ward, colour coded guidance sheets are also available on the Productive Ward website.

These are for the consideration of the visitor and designed to provide an efficient framework for the visit.



Example of visit guidelines for executive team members:

VISIT GUIDELINES RED **EXECUTIVE TEAM OR EQUIVALENT**

BEFORE

Communicate to the ward leader before hand:

- intentions
- timing / duration
- availability of ward leader or deputy

Current status of the Productive Ward:

- talk to the project team

ON THE WARD

People first, ward second:

- engage staff in casual conversation, ask general questions about the ward and project status
- ask the Ward Leader / deputy about the Productive Ward and explore the support the ward leader has been given

Talk to a patient:

- engage patient in casual conversation
- ask patient about their experience on the ward and the hospital generally
- ask the patient about:
  - what have we done well?
  - what have we done less well?
  - what should we continue to do?
  - what should we stop doing today?
  - what is next during their stay (diagnostics test lined up?, treatment lined up?, next OT visit etc)?
  - their plans to go home (planned discharge date etc - if appropriate)?

Visit the ward performance board:

- is it up to date?
- ask a member of staff to talk you through the performance board and recent performance
- discuss the link between the measures and the trust's strategy

Conduct an audit:

- conduct the appropriate RED audit as per the ward's audit plan

Communicate:

- your view on the ward's improvements efforts
- your vision for patient care
- trusts priorities for the coming year
- trust priorities for nursing
- trust long term strategy

Sign the visit pyramid:

- record your visit to the ward to illustrate your, and the trust's, commitment to the ward

Wrap up the visit with the ward leader or deputy:

- give and ask for feedback
- agree on a max of 2 priority next steps (1 yours / 1 theirs)

AFTER

Reflect on the visit:

- what was going well?
- what needs support / direction?
- what would the ward team think was important to me?

Follow up with the ward leader and the project team:

- what you were impressed by?
- actions for the trust
- actions highlighted by the audit

Releasing Time to Care: The Productive Ward

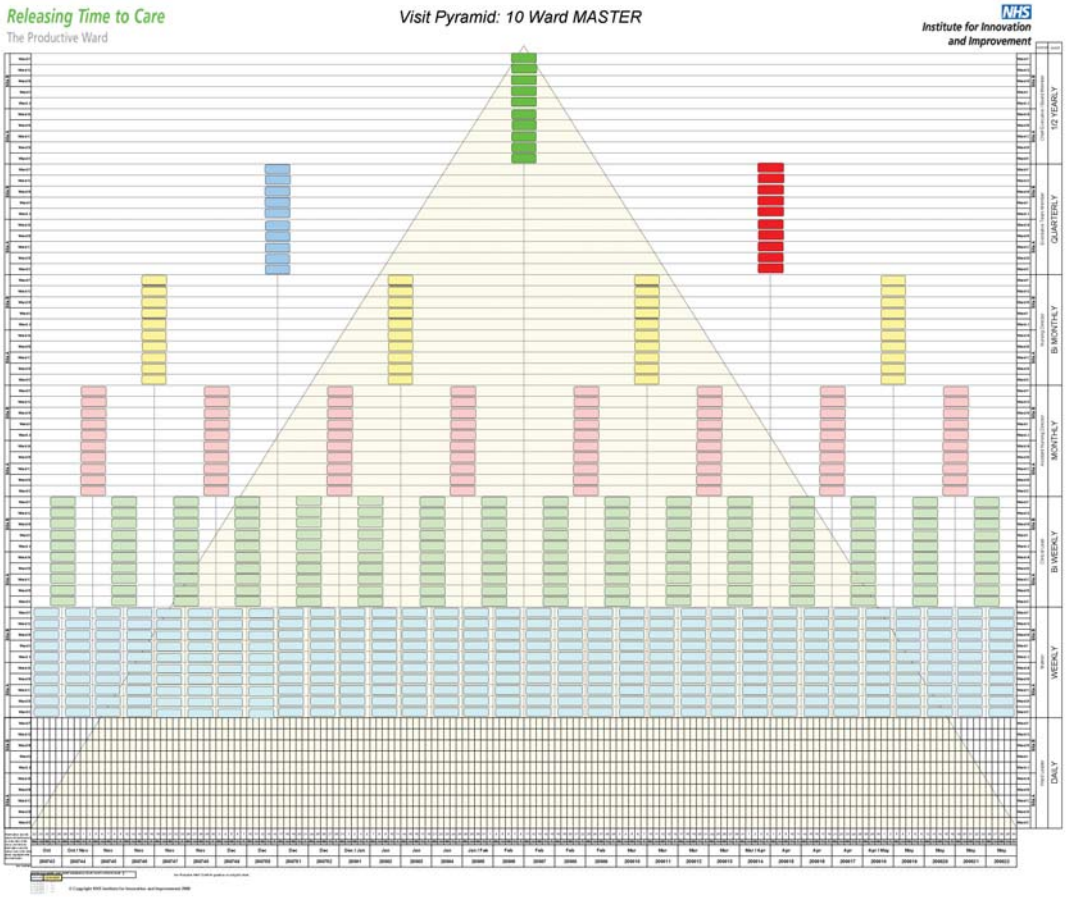
Note: To print in full background colour, select 'background' print in 'options' section of 'print' menu

Each visit guidance sheet contains a prompt for the visitor to conduct an audit. The audits in the Audit Planner (See Toolkit Tool No.15) are colour coded to match the colour of the visit guidance sheets and the visit pyramids.

Visit Pyramid 10 Ward Master

The visit pyramid master is a pyramid, for the project team, to visually manage the visits to up to 10 wards for half a year. It is designed to be put up in the project team office. When each visit has taken place on each ward, the appropriate box should be ticked.

This will highlight wards that are not getting any visibility from the leadership team.



Just like the Ward Visit Pyramid, by entering a start date in the box at the bottom right of the pyramid the dates will change to suit the date you are starting from. By entering the names of the wards you are tracking into the left hand side, the right hand side will also auto-complete.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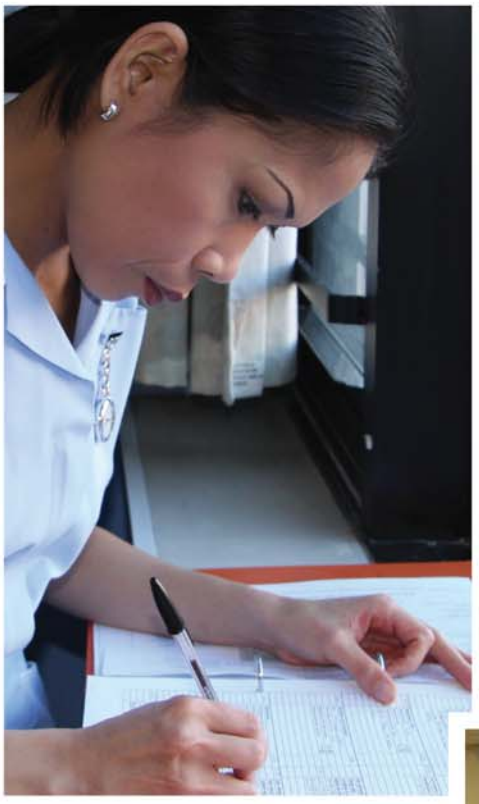

17. 5S Drawer Game

A quick simple game to illustrate the concept and principles of 5S.

PREPARATION :

Find a box / container and fill with items that could be found in a typical ward clerk's drawer on a ward environment.

For example:
Pens, blue tack, highlighter pens, rubber bands, correction fluid, and ruler, hole punch, stapler & staples etc. Vary the amount and don't forget the paper clips all loose in the drawer.

Then add the other items that you know you would also find:

Old Christmas cards, sugar, tea bags, loose change, gloves syringes, odd tube of KY jelly, tissues, packets of sugar, post it notes, scissors, calculator, screws, tube of hand cream etc.

Don't forget the one item that is always found in the drawer……something that no one knows what it is….. a piece of broken equipment or broken bit of plastic. Add a teaspoon or two…...

Prepare areas / boxes to replicate where items should be stored i.e. kitchen, store room, bin. Also include an area / box for items where the team are un-decided.

Collect your staff (do not use a ward clerk). The minimum number of staff required for this game is 2 but it is better if played with more.

A 5S numbers game is available on the NHS Institute's Productive Ward web pages at www.institute.nhs.uk/productive ward.

PLAYING THE GAME:

STAGE 1

- run through a short presentation on the principles of 5S (use the Well Organised Ward module as a guideline)

STAGE 2

- ask your staff to use the 5S process and sort, set, shine, standardise and use the general rule of audit to sustain the improvement.
- staff should ask for an inventory sheet. If not requested then suggest that they may need one and hand out.
- explain they can write on the box and mark the box in any way.
- when using the inventory sheet, ask the team to estimate the cost of each item.
- the group will need between 10 and 15 minutes to complete this.

STAGE 3

- if more than one team is playing, ask the teams to audit each other's work and feedback comments. If just one team is playing, the facilitator should audit the drawer
- encourage the team to talk through the exercise
- ask them to highlight any savings made
- ask the staff what their rationale was for setting the stock levels?
- what items did they return and bin?
- what visual management did they use?
- ask the teams who they felt should be involved in the process?
- ask the team what they would need to do in order to sustain the changes?
- explore with them how they would do that

STAGE 4

- ask the team how the ward clerk felt about his/her new well organised drawer?
- did any one in the group pick up that the exercise was completed without engagement from the ward clerk?
- how did you decide the stock levels of her equipment?


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25 26
27 28
29 30 31


FROM THURSDAY 15/11/05
CUTLERY WILL ARRIVE ON
PATIENT TRAYS AND MUST
BE RETURNED TO KITCHEN
WITH MEAL TROLLEY

18. Time Benefit Quantification

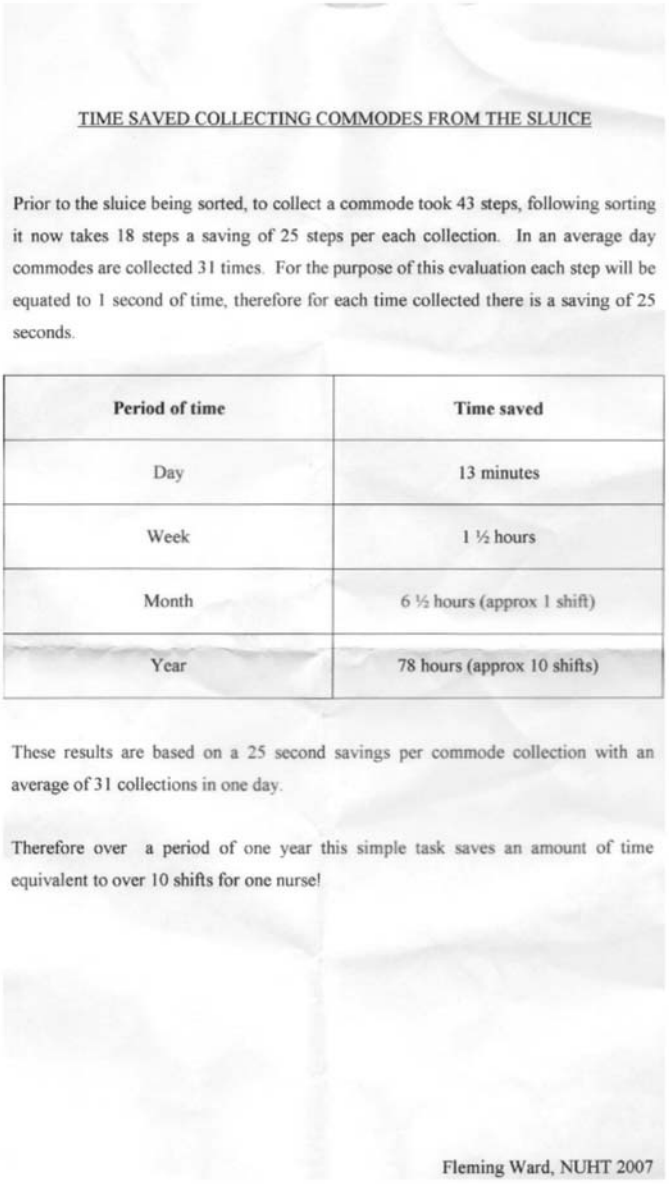
When releasing small quantities of time in multiple areas, it is sometimes difficult for some members of staff to see the benefits.

A good way of explaining to people the impact of these small time savings is to work out what the small savings look like over time.

The image below is an example of this taken from a Productive Ward test site. It shows how a small time saving ends up being valuable over time.

A great example of how small saving can be very considerable over time. Of course, this is only the opportunity.

To turn this into something useful the team must capitalise on this saving. Where should the team invest its equivalent of 10 extra shifts per year? In better nutritional management or more comprehensive patient admission risk assessment?



TIME SAVED COLLECTING COMMODES FROM THE SLUICE

Prior to the sluice being sorted, to collect a commode took 43 steps, following sorting it now takes 18 steps a saving of 25 steps per each collection. In an average day commodes are collected 31 times. For the purpose of this evaluation each step will be equated to 1 second of time, therefore for each time collected there is a saving of 25 seconds.

Period of time	Time saved
Day	13 minutes
Week	1 ½ hours
Month	6 ½ hours (approx 1 shift)
Year	78 hours (approx 10 shifts)

These results are based on a 25 second savings per commode collection with an average of 31 collections in one day.

Therefore over a period of one year this simple task saves an amount of time equivalent to over 10 shifts for one nurse!

Fleming Ward, NUHT 2007



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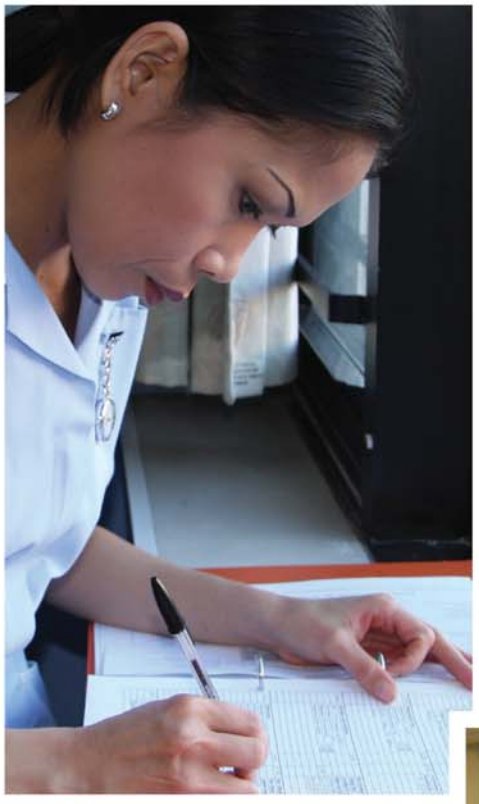








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DH INFORMATION READER BOX

Policy	Estates
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Circulation List	Nursing Staff and Healthcare Assistants	
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Cross Ref	Part of Productive Ward series - an additional 14 volumes	
Superseded Docs	N/A	
Action Required	Please review and approve in accordance with your guidelines	
Timing	04 January 2008	
Contact Details	Service Transformation Team NHS Institue for Innovation and Improvement Coventry House University of Warwick Campus, Coventry CV4 7AL 0800 555 550	
For Recipient's Use		

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Website: For more information and to register your interest please visit www.institute.nhs.uk/productiveward

Contact the Productive Ward team: productiveward@institute.nhs.uk

Further copies of this document can be obtained from:

Prolog Phase 3, Bureau Services, Sherwood Business Park, Annesley, Nottingham NG15 0UH Telephone: 08700662071 Email: institute@prolog.uk.com

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